

## **MASTERS RESEARCH REPORT**

THE IMPACTS OF SOCIAL AND ENVIRONMENTAL ASPECTS  
ON SITE SELECTION, DESIGN AND CONSTRUCTION OF THE  
NEW NATALSPRUIT HOSPITAL IN VOSLOORUS, GAUTENG

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October 2008

## **ABSTRACT**

The present Natalspruit Hospital, comprising a multi-storey building, was erected in 1959. It is situated in Natalspruit in the North-Western corner of Kathorus, located approximately 30km South-East of Johannesburg. Although well located next to a railway station, taxi interchange and easily accessible from the N3 highway, the present hospital is in urgent need of replacement.

The Kathorus area is underlain by dolomites of the Malmani Formation. Dolomite has been shown to be soluble and therefore water can gradually dissolve the rock over time giving rise to voids or cave systems. The soil covering the rock can collapse resulting in the formation of sinkholes. In the early 1980's a sinkhole developed at the existing Natalspruit Hospital. A dolomite investigation was then undertaken in 1985 which determined that the site is a high risk dolomite area. High risk dolomite area means that >1.0 ground movement event is anticipated per hectare in a 20 year period. The formation of sinkholes can be precipitated by human activity such as leakage of wet services. Therefore subsequent to the dolomite investigation undertaken in 1985, all wet services were upgraded and all underground services enclosed in sleeves. Areas around all the buildings were also paved to prevent the ingress of water into the underlying dolomite. All buildings that were erected on the site subsequent to this were single storey buildings designed for high risk dolomite areas.

In 2002, a further sinkhole of 1.5m deep was identified. It was concluded that the existing Natalspruit Hospital is located in a high risk dolomite area in which sinkholes have developed in the past, and as a result there is a high potential for serious damage to infrastructure to occur in the future. It was therefore proposed that a new Natalspruit Hospital would need to be constructed. The single story buildings that were erected after the dolomite investigation could however form the basis of a Community Health Clinic (CHC) on the present site after the new hospital has been completed. Even though a CHC will remain at the existing site there is an urgent need for additional health care in the region.

This research project addresses the site selection as well as the design phase and construction of the new Natalspruit Hospital. It also demonstrates how environmental and social issues can positively influence the site selection, design and construction of the new Natalspruit Hospital.

The site selection phase will include the location of a site in accordance with the following criteria:

- Site must be further than 5km from the existing Natalspruit Hospital as a portion of the existing hospital is located on low risk area and therefore will remain and be converted to a high level clinic.
- Site must be situated on a low risk dolomite area.
- Site must be council-owned to ease the purchasing the property.
- Site must be vacant.
- Site must be able to accommodate a 800 bed hospital.

Design Phase:

- Inform the local community of the proposed new Natalspruit Hospital.
- Allow the community to review the design.
- Include community input into the design.
- Include inputs from environmental specialist studies into the design.



#### Construction Phase:

- Minimise the negative impacts of the construction phase on adjacent land owners.
- Employ local community members for the construction of the hospital.

The report demonstrates how including environmental and social issues into the site selection, design and construction of the new Ntalspruit Hospital has and will further positively influence the project. Results from both a public participation process and a number of specialist studies will be included into the detailed design of the new Ntalspruit Hospital prior to construction. An Environmental Management Plan will be compiled to be followed during the construction process.

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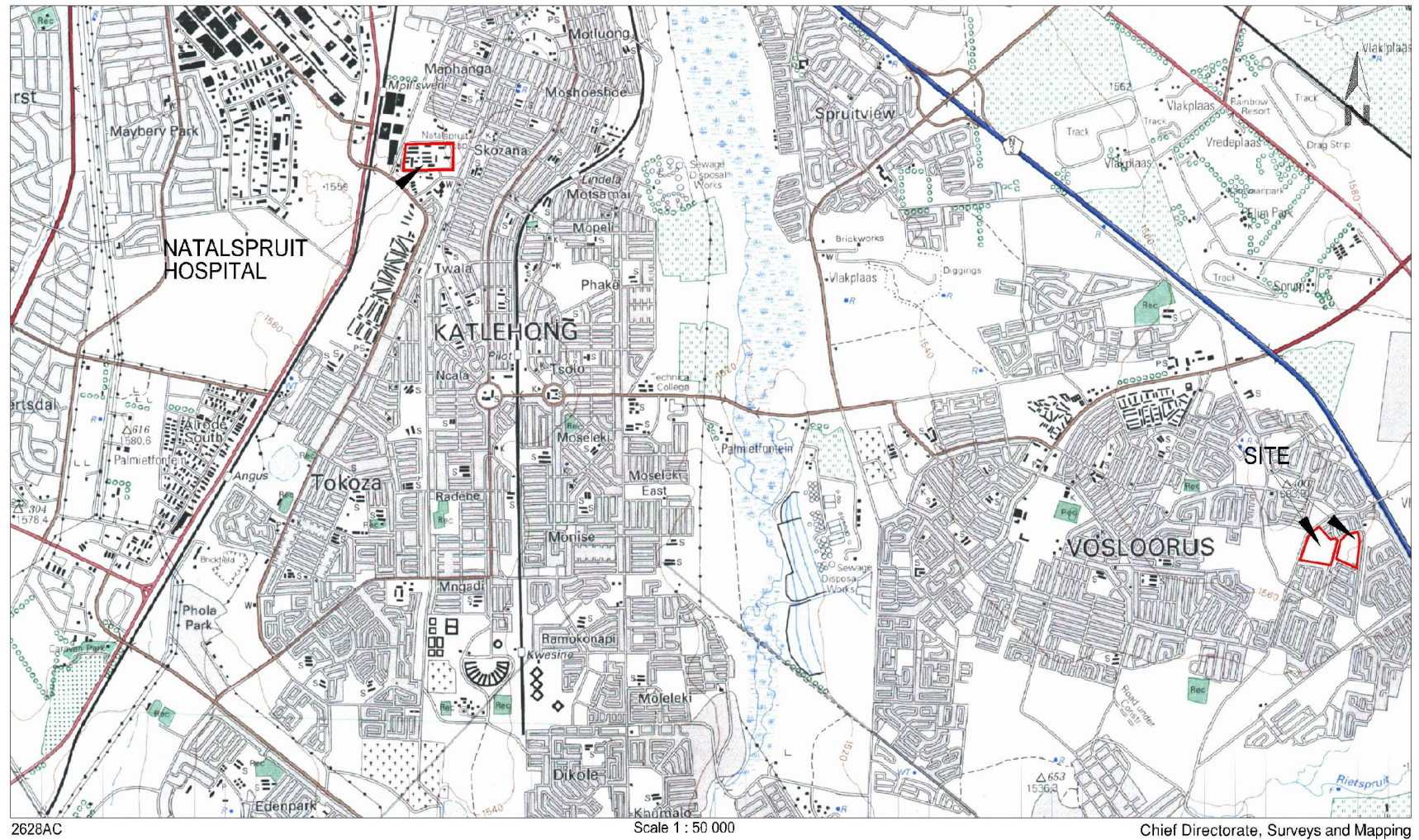
## 1. INTRODUCTION

### 1.1 Background

The present Natalspruit Hospital, comprising a multi-storey building, was erected in 1959<sup>1</sup>. The facility is an 870 bed hospital with both level 1 and 2 beds. It is situated in Natalspruit in the North-Western corner of Kathorus, an amalgam of three townships, Katlehong, Thokoza and Vosloorus, located approximately 30km South-East of Johannesburg (**Figure 1.1(a)**). Although well located next to a railway station, taxi interchange and easily accessible from the N3 highway, the present hospital is in urgent need of replacement.

The Kathorus area is underlain by dolomites of the Malmani Formation, Chuniespoort Group, Transvaal Supergroup (1:250 000)<sup>2</sup> and, as outlined in the Department of Public Works Appropriate Development of Infrastructure on Dolomite Guidelines for Consultants<sup>3</sup>, dolomite is soluble and therefore water can gradually dissolve the rock over time giving rise to voids or cave systems. The soil covering the rock can collapse resulting in the formation of sinkholes. In the early 1980's a sinkhole developed at the existing Natalspruit Hospital<sup>1</sup>. A dolomite investigation was then undertaken in 1985 from which it was determined that the site is a high risk dolomite area. High risk dolomite area means that > 1.0 ground movement event is anticipated per hectare in a 20 year period<sup>3</sup>. The Consultants Guidelines<sup>2</sup> mentions that the formation of sinkholes can be precipitated by human activity such as leakage of wet services. The formation of sinkholes as a result of wet services leakage is demonstrated in **Figure 1.1(b)**. Therefore, subsequent to the dolomite investigation undertaken in 1985, all wet services were upgraded and all underground services enclosed in sleeves. Areas around all the buildings were also paved to prevent the ingress of water into the under laying dolomite. All buildings that were erected on the site subsequent to this were single storey buildings designed for high risk dolomite areas<sup>1</sup>.

In 2002, a further sinkhole of 1.5m deep was identified<sup>1</sup>. The Development of Infrastructure on Dolomite Guidelines for Consultants<sup>2</sup> states that sinkholes can range from 1m to 100m in diameter and 1m to 150 m deep and can be catastrophic, causing property damage or loss of life. It was concluded that the existing Natalspruit Hospital is located in a high risk dolomite area in which sinkholes have developed in the past, and as a result there is a high potential for serious damage to infrastructure to occur in the future. The location of the hospital therefore poses a serious health and safety risk to patients and staff. The majority of the existing hospital, in particular those buildings located on the high risk dolomite areas, will need to be demolished. It is therefore proposed that a new Natalspruit Hospital will need to be constructed. The single story buildings that were erected after the dolomite investigation could however form the basis of a Community Health Clinic (CHC) on the present site after the new hospital has been completed. Even though a CHC will remain at the existing site there is an urgent need for additional, more extensive health care facilities in the region



**Figure 1.1(a) Locality plan for existing and new Natsalspruit Hospital <sup>4</sup>**



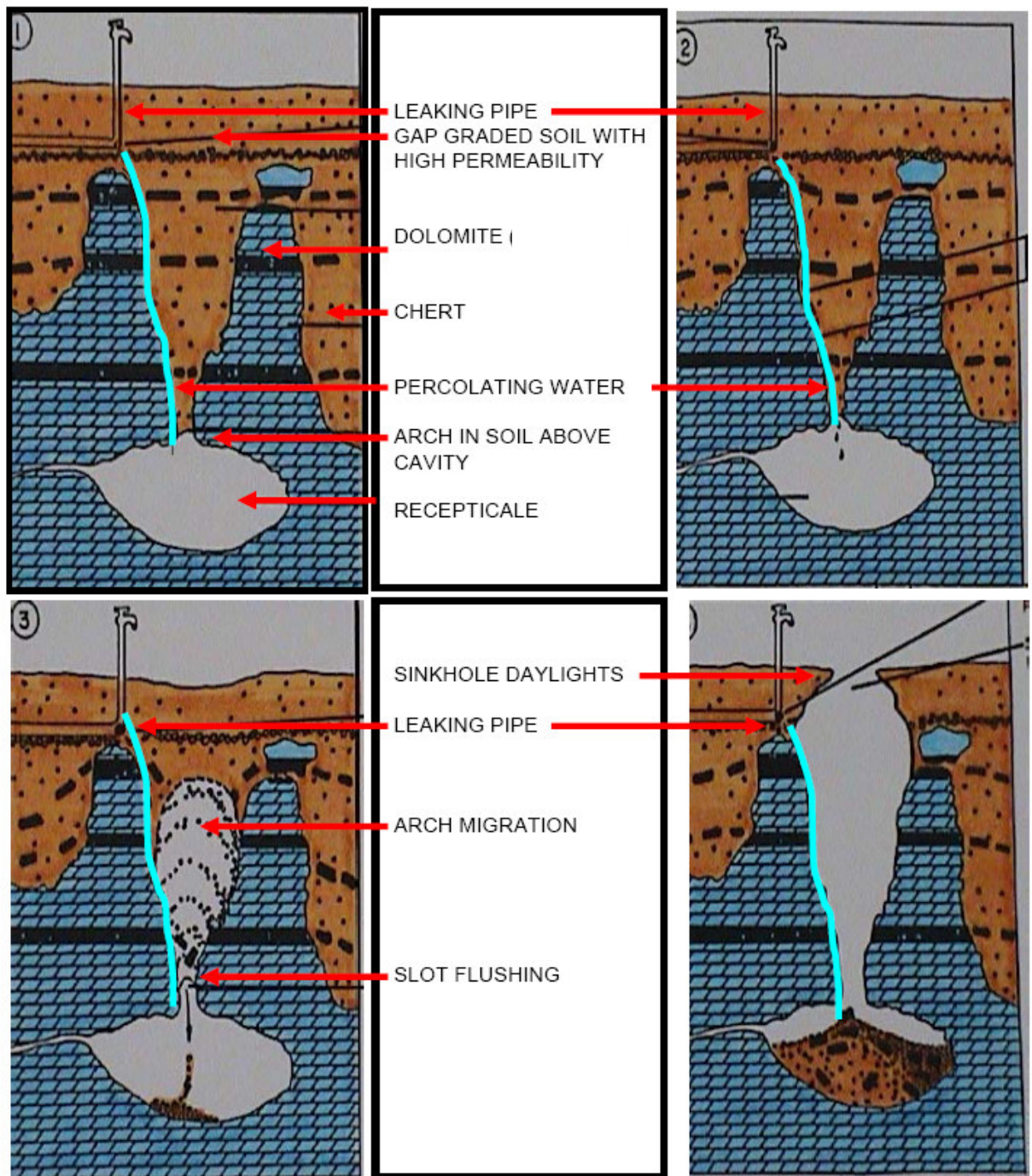


Figure 1.1(b)

Mechanism of sinkhole formation<sup>3</sup>



In addition to the high dolomite risk, further motivation for the replacement of the hospital is the need for additional health care facilities in the Kathorus area and the fact that the existing Natsalspruit Hospital was recently named by the Democratic Alliance as one of the country's five worst hospitals<sup>1</sup>.

## 1.2 Purpose

The proposed project will address the site selection as well as the design phase and construction of the new Natsalspruit Hospital. It will demonstrate how environmental and social issues can positively influence the site selection, design and construction of the new Natsalspruit Hospital.

This report will include the following sections:

- Section 2 - Site selection process
- Section 3 - Pre-construction environment of the selected site
- Section 4 - Public Participation Process
- Section 5 - Design phase
- Section 6 - Construction phase

As part of the design phase for the new Natsalspruit Hospital an Environmental Impact Assessment (EIA) was undertaken, which was completed in March 2006<sup>4</sup>.

The Author, on behalf of Jones & Wagener Consulting Civil Engineers (J&W), project managed the EIA process undertaken for the proposed NHH. This included identification of all required specialist studies, project management of all outsourced specialist studies, public participation process, consultation with authorities and compilation EIA document. The Author was also involved in the project team for the design of the new Natsalspruit Hospital.

Please note that all the specialist studies were undertaken as part of the EIA process<sup>4</sup>.

## 1.3 Abbreviations

ART	Anti-Retroviral Treatment
CHC	Community Health Clinic
CLO	Community Liaison Officer
DH	Department of Health
DPTRW	Department of Public Transport, Roads and Works
DWAF	Department of Water Affairs and Forestry
ECA	Environment Conservation Act (Act 73 of 1989)
EIA	Environmental Impact Assessment
EMC	Ekurhuleni Metropolitan Council
EMM	Ekurhuleni Metropolitan Municipality
FATO	Final Approach and Take Off
GDACE	Gauteng Department of Agriculture, Conservation and Environment

GDH	Gauteng Department of Health
GDPtrw	Gauteng Department of Public Transport, Roads and Works
HCW	Healthcare waste
HCGW	Healthcare general waste
HCRW	Healthcare risk waste
ICU	Intensive Care Unit
I&AP	Interested and affected person
J&W	Jones & Wagener
LLA	Landing and Lift-off Area
NH	Natalspruit Hospital
NNH	New Natalspruit Hospital
PP	Public Participation
SAHRA	South African Heritage Resources Agency
TB	Tuberculosis

## 2. SITE SELECTION

### 2.1 Alternatives considered

As a result of the above mentioned formation of a sinkhole in the 1980s at the existing Natsalspruit Hospital as well as further sinkholes in 2002 it was concluded that the current location of the hospital therefore poses a serious health and safety risk to patients and staff<sup>1</sup>. The majority of the existing hospital, in particular those buildings located on the high risk dolomite areas, will need to be demolished. It is therefore proposed that a new Natsalspruit Hospital will need to be constructed. A site selection process was undertaken to identify a suitable site for the new Natsalspruit Hospital (NNH)<sup>1</sup> which extended for a period of approximately 3 years from 2003 until 2005. The site selection process involved consultation between the following parties: -

- Gauteng Department of Public Transport, Roads and Works (GDPTW)
- Gauteng Department of Health (GDH)
- Ekurhuleni Metropolitan Municipality (EMM)
- Existing Natsalspruit Hospital
- Community Representatives.

Eight sites, proposed by EMM, were originally considered during the site selection process (**Table 2.1(a)**). The selection criteria used to short-list these sites included the following:-

- Site must be further than 5km from the existing Natsalspruit Hospital, as the existing site will still have a limited number of medical services.
- Site must be situated on a low risk dolomite area.
- Site must be council owned.
- Site must be vacant.
- Site must be able to accommodate a 800 bed hospital:
- 2 sites of 5ha each for two 400 bed hospitals; or
- 1 site of 10ha for one 800 bed hospital.

A locality plan for the eight proposed sites was not available during the compilation of this report.

Only three sites, out of the initial eight, were short listed as possible sites according to the above mentioned criteria (Site 5, 6 and 7). Site 6 was selected as the preferred alternative. Site 5 was dismissed as an alternative as it is located on a high risk dolomite area. Site 7 was turned down due to the fact that national and private ownership was identified, which would delay the process of expropriating the land.

**Table 2.1(a): Alternative sites for new Natalspruit Hospital<sup>1</sup>**

Site	Property Description		Size	Owner	Zoning
Site 1	Ptn 5 of Rietfontein 153IR		174.24ha	Private	Agricultural
Site 2	Ptn 78 of Rietfontein 153IR		47ha	Private	Agricultural
Site 3	Ptn 114 of Rietfontein 153IR		107.21ha	Provincial	Agricultural
Site 4	Ptn of the Farm Katlehong 151IR		?	?	?
Site 5	Erf 757 Likole Township Katlehong	3.0038ha	6.11ha	Municipal	Educational
	Erf 758 Likole Township Katlehong	3.1038ha		Municipal	Public Open Space
Site 6	<b>Erf 10557 Vosloorus ext 14 Township</b>	<b>3,0319 ha</b>	<b>12.71ha</b>	<b>Municipal</b>	<b>Educational</b>
	<b>Erf 10558 Vosloorus ext 14 Township</b>	<b>2,1947ha</b>		<b>Municipal</b>	<b>Educational</b>
	<b>Erf 12390 Vosloorus ext 14 Township</b>	<b>7,4863ha</b>		<b>Municipal</b>	<b>Public Open Space</b>
Site 7	Erf 8081 Vosloorus ext 14 Township	3.2935	7.41ha	Private	Educational
	Erf 8082 Vosloorus ext 14 Township	3.9103		National	Educational
	Erf 8399 Vosloorus ext 14 Township	0.2087		Municipal	Public Open Space
Site 8	Ptn 14 Roodekop 139IR	7.88ha	14.55ha	Private	Industrial 1
	Ptn 15 Roodekop 139IR	5.54ha		Private	Industrial 1
	Ptn 19 Roodekop 139IR	1.17ha		National	Agricultural

#### 2.1.1 Preferred Alternative

After a lengthy site selection process Site 6 was identified as the preferred site for the construction of the new Natalspruit Hospital (NNH)<sup>1</sup>. From the site selection process it was concluded that the site will be located in the south-eastern section of the Vosloorus Township; the hospital will comprise of a 760 bed Level 1 & 2 hospital and a Gateway Clinic. The proposed bed allocation numbers for the hospital is outlined in Section 5.2.4. The hospital will have a comprehensive Primary Care Service up to General Practitioner's level and first line Specialist service, which include general care, medical officers and mother and child care, for in-patients, out-patient and emergency departments. A detailed project description is given in Section 4 of this report.

### *Location*

The preferred site is located in the south-eastern section of the Vosloorus Township approximately 8.4km from the existing Natalspruit Hospital (**Figure 1.1(a)**).

The entire site covers three erven (Erf 12390, 10557 and 10558) over an extent of 12.71ha and is divided by a small residential road (Ukufika Road) (**Figure 2.1.1(a)**). **Figure 2.1.1(b)** shows an aerial photograph of the site for the NNH<sup>4</sup>. The site is currently zoned as Public Open Space (Erf 12390) and Educational (Erf 10557 and 10558)<sup>1</sup>. The hospital will be constructed on Erf 12390 which will need to be re-zoned from Public Open Space to Institutional. **Figure 2.1.1(c)** shows photographs of the proposed hospital site. Currently Erf 12390 has a number of sports facilities. These facilities are extensively used by the local community and therefore the reconstruction of them is of utmost importance for the success and acceptance of the new hospital by community. As part of the project the sport facilities will be relocated to the adjacent Erf 10557 and 10558, and will be rezoned to Public Open Space. **Figure 2.1.1 (d)** shows a photograph of the proposed new sports facilities site. In order to construct the NNH on the proposed site the closure of the park will be required as well as the need to rezone the site. The rezoning of the site, along with a number of other activities, requires the compilation of an Environmental Impact Assessment (EIA).

### *Site Ownership*

The three erven were owned by the EMM during the site selection process<sup>1</sup>. The Department of Health (DH) has since purchased erven 10557, 10558 and 12390 Vosloorus Extension 14 from EMM during the design phase.

### *Site Vacancy*

Sports facilities, which include soccer fields, a cricket pitch and two combination courts, are located on Erf 12390. These sports facilities will be relocated to the adjacent Erf 10557 and 10558. The relocation of these sports facilities is a high priority for the project as these facilities are extensively used by the local community. One of the conditions within the Deed of Sale is the relocation of the sports facilities to a suitable location<sup>1</sup>. This Report discusses the relocation of the existing sports facilities to the adjacent land (erven 10557 and 10558). On the south eastern corner of Erf 10558 is a disused community health clinic. The future of this clinic is currently being investigated.

### *Dolomite Risk Factor*

A geotechnical assessment was undertaken by Jones & Wagener (Pty) Ltd in 2005<sup>4</sup> as part of the site selection process. The findings of the study are discussed in Section 3. A detailed geotechnical investigation was undertaken as part of the design phase in order to delineate the high risk corners identified in the south-west and south-east corners during the initial geotechnical investigation as well as investigate the proposed hospital footprint<sup>5</sup>.

### *Procurement of site*

The Ekurhuleni Council's Corporate Affairs Committee confirmed that on the 17th October 2005 that no objections were raised for the purchase of the erven 10557, 10558 and 12390 Vosloorus Extension 14 townships for the construction of a NHH<sup>1</sup>. The Council however listed a number of conditions for the purchase of the property.

### *Value of Properties:*

- 10557        R 76,000.00
- 10558        R 55,000.00
- 12390        R185,000.00



**Figure 2.1.1(a)** Detailed site layout<sup>4</sup>



**Figure 2.1.1(b) Aerial photograph of the new Natalspruit hospital site (from Google Earth)**





**Figure 2.1.1(c)**      **Photographs of the proposed hospital site (Erf 12390).** Photographs taken by B. Candy November 2005





**Figure 2.1.1(d)**

**Photographs of the proposed site for new sports facilities (Ervens 10557 and 10558).** Photographs taken by B. Candy November 2005

Development of Erven 12390 will be held in abeyance until the current sport and recreation facilities have been relocated and established.

The new proposed hospital will be developed on erf 12390 and the other 2 erven 10557 & 10558 will be utilised to re-locate the sport facilities to.

## **2.2 No Go Option**

The existing Natalspruit Hospital is located in a high risk dolomite area in which sinkholes have developed in the past, and as a result there is a high potential for serious damage to infrastructure to occur in the future. The location of the hospital therefore poses a serious health and safety risk to patients and staff. The majority of the existing hospital, in particular those buildings located on the high risk dolomite areas, will need to be demolished<sup>1</sup>. This means that it will not be viable to continue operating the existing current hospital at the current location.

Subsequent to the dolomite investigation undertaken in 1985 all wet services were rehabilitated and all underground services enclosed in sleeves<sup>1</sup>. Areas around all the buildings were also paved to prevent the ingress of water in to the underlying dolomite. All buildings that were erected on the site subsequent to this were single storey buildings designed for high risk dolomite areas. These buildings could form the basis of a Community Health Clinic (CHC) on the present site after the new hospital has been completed.

Even though a CHC will remain at the existing site there is an urgent need for additional health care in the region and therefore the no-go option should not be considered.

### 3. DESCRIPTION OF PRE-CONSTRUCTION ENVIRONMENT ON SELECTED SITE

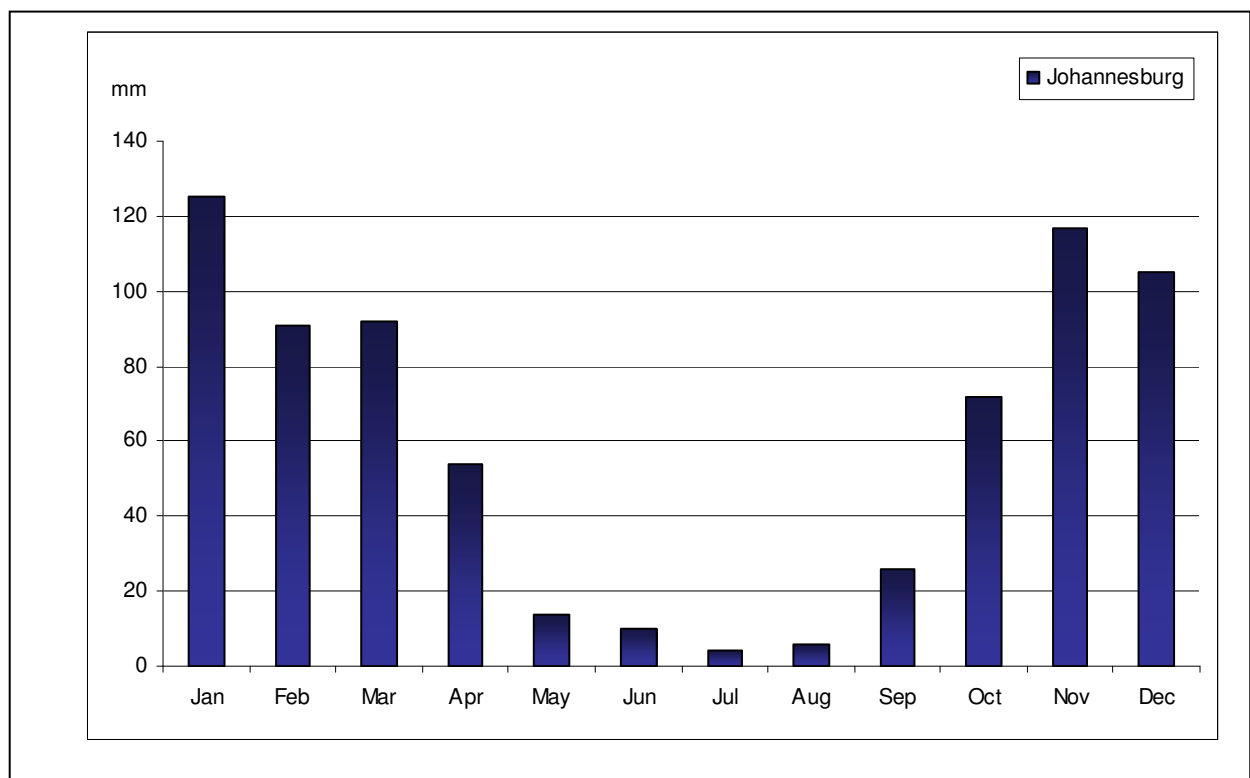
All the below mentioned specialist studies were undertaken as part of the EIA process for the construction of the NNH<sup>4</sup>.

#### 3.1 **Climate**

Details of the regional climatic conditions were sourced from the South African Weather Services<sup>7</sup>.

##### 3.1.1 Rainfall

Only about 7% of South Africa has a mean annual precipitation (MAP) exceeding 800mm<sup>7</sup>. In general, Gauteng does not fall within this 7 % as recordings indicate a mean annual rainfall of 668mm. The study area, however, is situated in the central region of the province which experiences an above-average mean annual precipitation, often exceeding the mean annual precipitation of 800mm. Average monthly rainfall figures, are represented in **Figure 3.1.1**. Averages show typically summer rainfall, with the highest rainfall being recorded in November and January<sup>7</sup>.

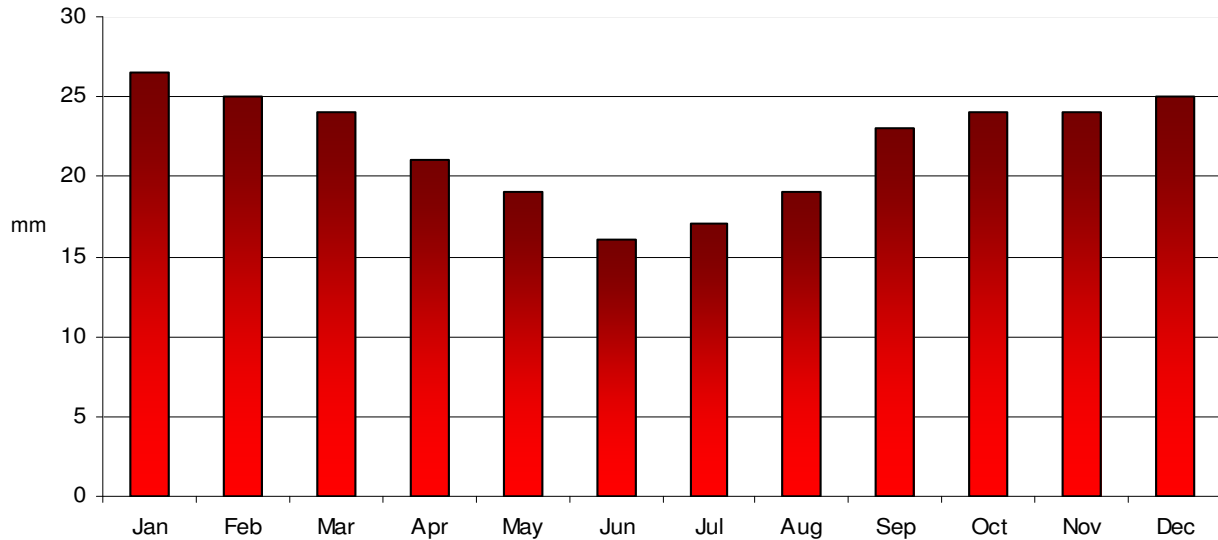


**Figure 3.1.1: Mean monthly rainfall for Johannesburg for a thirty year period 1961-1990<sup>7</sup>**

##### 3.1.2 Temperature

The study area experiences fairly warm to hot summers and mild, but frosted winters. On average, January is the hottest month (average maximum temperatures recorded over 26°C) with June/July being the coldest months in a year (average maximum temperatures

recorded below 16°C)<sup>4</sup> (**Figure 3.1.2**). The average summer maximum temperature is recorded at 24.6°C, with the average winter maximum at 19.3°C<sup>7</sup>.



**Figure3.1.2: Mean maximum temperature for Johannesburg for a thirty year period 1961-1990<sup>7</sup>**

## 3.2 Topography

The 3 erven have been surveyed by a Professional Land Surveyor, Kobus Pienaar Surveyors<sup>8</sup>. The survey recorded a fall of approximately 10 metres perpendicular across the contours over Erf 12390 and a further 10 metres over Erven 10557 and 10558. The fall of contours is from the north-western corner of the site which is the highest point along Nguza Road, to the south-east corner at Morena Street, to make up a total of 20 metres cross fall, as shown in **Figure 3.2**.

## 3.3 Geology

### 3.3.1 Regional

According to published geological mapping (1:250 000)<sup>2</sup>, the site is underlain by dolomite and chert of the Malmani Formation, Chuniespoort Group, Transvaal Supergroup.

As outlined in the Department of Public Works Appropriate Development of Infrastructure on Dolomite: Guidelines for Consultants<sup>3</sup>, dolomite is soluble and therefore water can gradually dissolve the rock over time giving rise to voids or cave systems. The soil covering the rock can collapse resulting in the formation of sinkholes. The Guidelines for Consultants<sup>3</sup> states that sinkholes can range from 1m to 100m in diameter and 1m to 150m deep and can be catastrophic causing property damage or loss of life.

From work done as part of the assessment for dolomite stability for the new Natsalspruit Hospital by J&W<sup>5</sup>, it appears that the dolomite has been blanketed by a post-Karoo dolerite sill.



Figure 3.2 Detailed topography map<sup>4</sup>

### 3.3.2 Site specific

An assessment for dolomite stability for the NNH was undertaken by J&W in June 2005<sup>5</sup>. A summary of the investigation is included below. The investigation comprised:

- desk study review of available information
- gravity survey
- rotary percussion drilling
- excavator testpits

**Figure 3.3.2(a)** shows the location of the boreholes drilled and testpits dug in May and June 2005<sup>5</sup>, as part of the dolomite stability assessment undertaken.

The investigation showed the area to be underlain, from the surface down with incrementing depth, by the following strata:

- fill (placed during the levelling of sports fields)
- clayey and silty sand hillwash
- dolerite and manganocrete gravels (Pebble Marker)
- weathered (blocky) dolerite
- unweathered, hard rock, dolerite

Chert residuum was noted in a single testpit at the south-western corner of the site.

The findings of the study showed that the site is underlain by a localised dolerite sill which, in turn, overlies the dolomite. The thickness of the sill is not known as none of the boreholes (max depth 50m) penetrated through, into the dolomite. The gravity survey and the test holes show relatively shallow rock (<3m deep) over the bulk of the site. Zones of deeper weathering occur over the middle southern section and over the south-eastern and south-western corners, with an average depth of approximately 5.5m below ground level. The approximate depth to weathered rock is shown in **Figure 3.3.2(b)**, with red colouring showing weather rock closest to surface and purple colouring deepest below ground level.

#### *Dolomite stability*

The study<sup>5</sup> demonstrated that the risk of sinkhole and doline development on most of this site is low due to the presence of the unweathered, hard rock dolerite which blankets most of the site. It must, however, be noted that there is a zone of chert/dolomite residuum at the south-western corner of the site. This limited area is expected to have a high risk of sinkhole development (similar to the dolomite risk zoning of the surrounding area). The south-east corner of the site is on a gravity low, as is shown in Figure 3.3.2(b). This area should therefore be considered to have a risk of subsidence.

The detailed Assessment for dolomite stability for the new Natalspruit Hospital<sup>5</sup> has not been included this report.



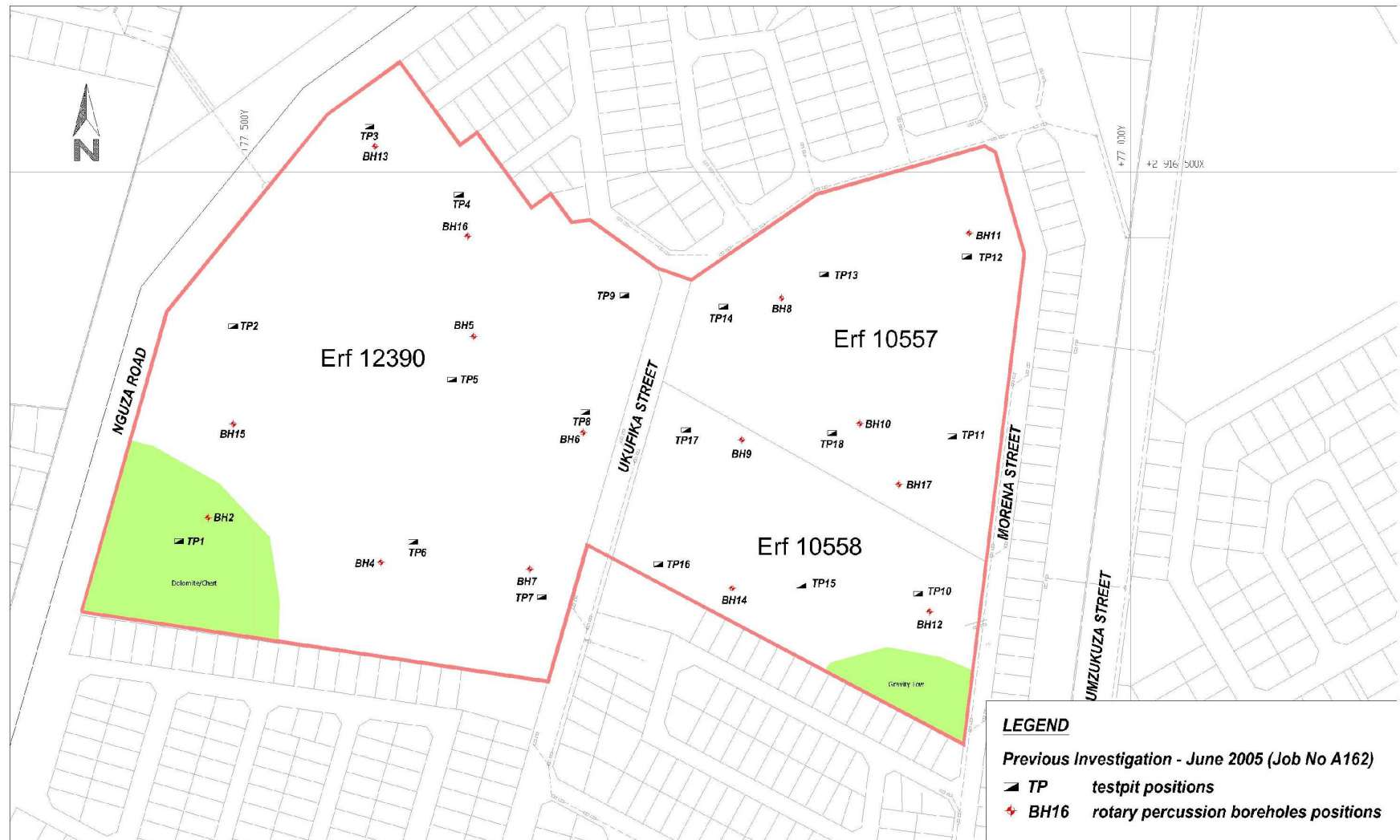


Figure 3.3.2(a) Geotechnical assessment<sup>5</sup>

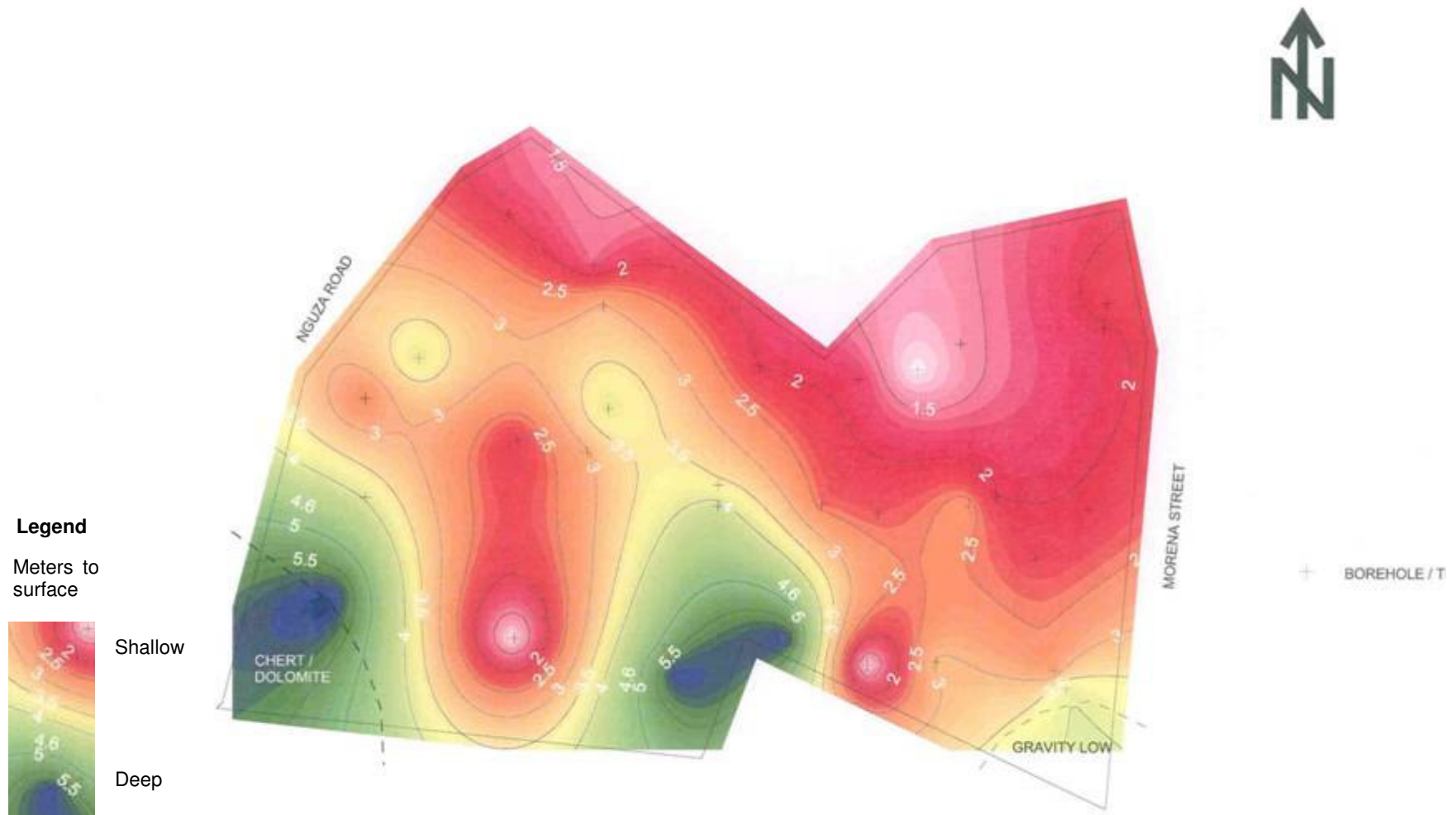


Figure 3.3.2(b)

Approximate depth to weathered rock (m below ground level)<sup>5</sup>



### 3.4 Soils

A soil classification and land capability study was undertaken by Jones & Wagener in 2006<sup>6</sup>. The main objectives of the study were to define the different soil forms encountered over the relevant site areas, assess the soils in relation to agricultural land capability and prepare a record of the soil types encountered within the study area. The study area is located on the African Erosion surface which is characterised by an undulating topography<sup>3</sup>. The African Erosion surface is approximately 60 million years old and consequently soil development is typically deep.

A summary of the soil forms identified in the study area is given below. The extent and location of the identified soil forms is shown on **Figure 3.4**. Figure 3.4 also shows the location of the previous and new borehole and testpit locations from the geotechnical and soil classification and land capability studies respectively.

#### 3.4.1 Glenrosa Form

The soil classification study showed that Glenrosa Form dominates over the entire site area but localised pockets of material tending towards a Hutton / Bainsvlei Form were noted. The natural soil profile has been disturbed by cut to fill terracing in the western half of the site<sup>6</sup>.

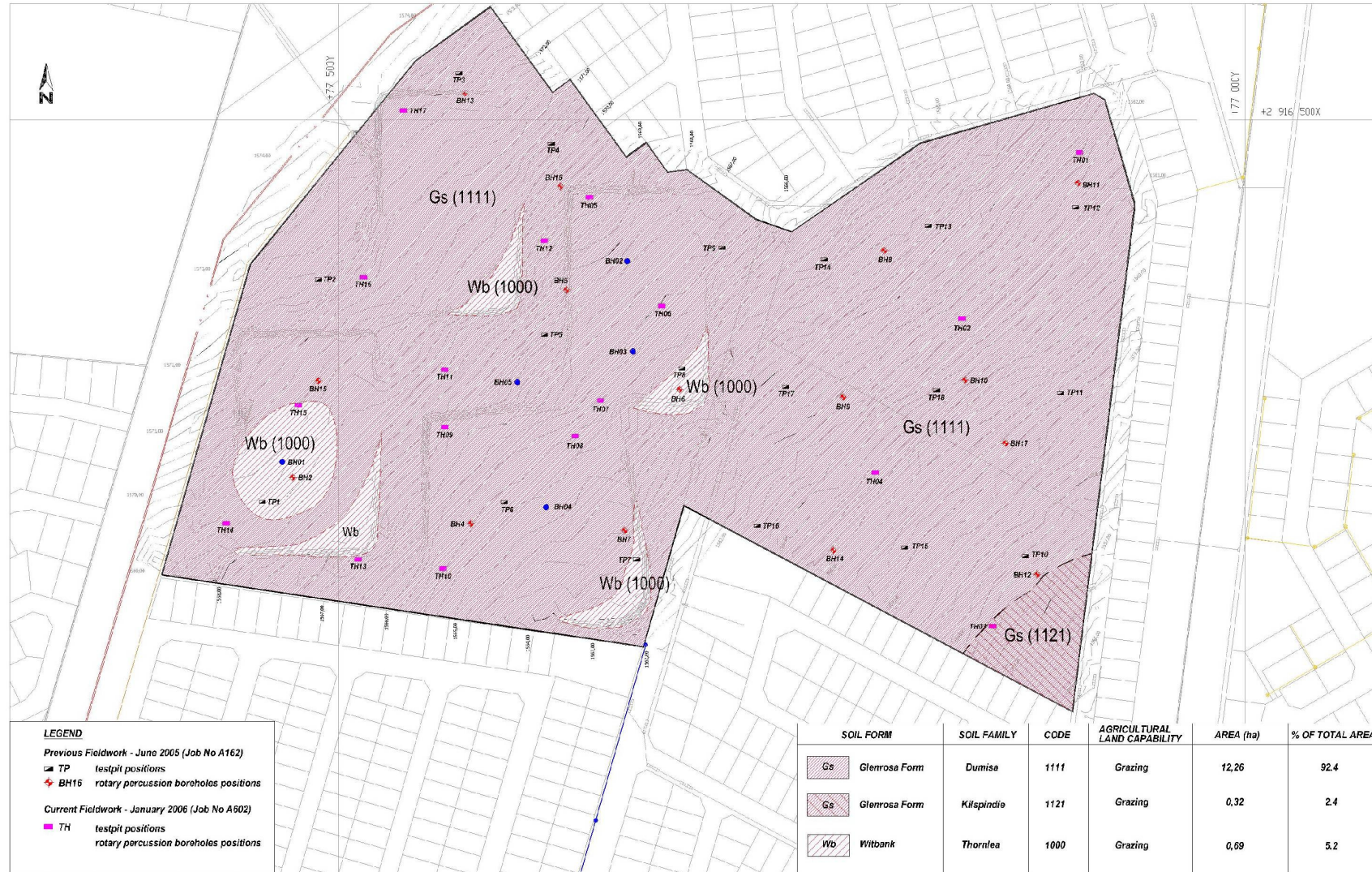
The Glenrosa Form comprised an average of 0,7m of brown becoming red-brown clayey sand to sandy clay with abundant roots within the upper 0,2m forming the Orthic A horizon<sup>6</sup>. The Orthic A horizon is underlain by orange-brown silty sand to sandy silt with occasional poorly developed ferricrete concretions to approximately 1,4m forming the Lithocutonic B horizon. The Lithocutonic B horizon is characterised by a structure or consistency which has distinct affinities with the underlying dolerite parent rock.

The soil profile generally becomes more clayey with a downslope progression towards the south-east corner of the site<sup>6</sup>. Testpit TH 3, excavated in south-east corner of the site, is positioned in area defined by the geophysical survey as a gravity low which accounts for the presence of clay rich soils. The transported clay rich horizons are underlain by a diagnostic Lithocutonic B horizon.

Laboratory soil test for results Glenrosa Form are summarised in **Table 3.4.1**.

**Table 3.4.1: Glenrosa Form – soil properties<sup>6</sup>**

Soil property	Orthic A	Lithocutonic B horizon
pH	6.2 (5.0 – 7.9)	6.2 (5.5 – 6.5)
Conductivity (mS/cm)	0.55 (0.16 – 1.19)	0.66 (0.19 – 0.85)
Exchangeable Sodium %	<1 (<1 – 1.1)	<1 (<1 – 1.9)
Net extractable cations (me/100g)	19.33 (7.95 – 42.13)	19.76 (7.96 – 28.30)
Phosphorus (ppm)	10 (7 – 13)	8 (6 – 11)
Leaching status	eutrophic	eutrophic
Clay content (%)	45 (24 – 55)	13 (9 – 16)
Effective rooting depth (m)	1400	



**Figure 3.4** Soil forms and agricultural land use capability<sup>6</sup>

The soil laboratory test results indicated slightly acidic soil pH levels but do not fall lower than the Chamber of Mines recommended pH guideline for arable soil of between 4,0 and 8,4. The exchangeable sodium potential of the soils is generally less than 1 which would indicate a low susceptibility to erosion.

The laboratory results indicate that Orthic A horizon typical classifies as sandy clay with a eutrophic leaching status and that the eutrophic Lithocutonic B horizon classifies as silty sand to sandy silt.

### 3.4.2 Man Made Deposit (Witbank Form)

The soil classification study<sup>6</sup> identified the construction of sport fields on the western half of the site area has resulted in localised areas of fill material predominantly comprising recompacted surface soil, occasional boulders and general rubble. The naturally occurring Glenrosa Form soil profile in these areas has therefore been disturbed. The natural soil profile has also been compromised due to a relatively shallow dolerite rock head<sup>6</sup>.

TP 1 and TH 15 excavated in the south-west corner of the site encountered fill material comprising general rubble, wad, chert and dolomite boulders to a depth in excess of 4,0m below ground level and is represented by a general gravity high in the geophysical survey<sup>6</sup>.

The Glenrosa Form makes up approximately 99% of the total site area<sup>6</sup>. The soil family defining the south east area is the Kilspindie Family which is characterised by a Lithocutonic B horizon shows slight signs of wetness, and this comprises approximately 0.5 % of the area.

The man made soils (Witbank Form) located in the corners of the fill terraces comprise approximately 0.5 %<sup>6</sup>.

## 3.5 **Land capability and land use**

### 3.5.1 Land Capability

A soil classification and land capability study was undertaken by J&W in 2006<sup>6</sup>. The main objectives of the study were to define the different soil forms encountered over the relevant site areas, assess the soils in relation to agricultural land capability and prepare a record of the soil types encountered within the study area.

The Chamber of Mines guidelines for agricultural land use capability<sup>9</sup> indicate that the eastern half of the site, i.e. erven 10577 and 10558, would classify as arable land having less than 10% by volume rock/pedocrete boulders larger than 100mm diameter within the upper 0,75m of the soil profile. However, the soil profiles excavated on site are typically clayey and are not ideally suited for use as arable land. Consequently this area would be regarded as grazing agricultural land capability<sup>6</sup>.

The testpit profiles in the western half of the site indicated an arable profile as defined by the Chamber of Mines guidelines<sup>9</sup>. However the presence of a clayey soil profile and occurrence of random fill, generally comprising recompacted soil, boulders and general rubble, was found in a number of testpits on the site<sup>6</sup>. As such the western half of the site has also been classified as land which is suitable for grazing, rather than arable use<sup>9</sup>.

### 3.5.2 Land Use

Erf 12390 is zoned as Public Open Space<sup>1</sup> and is currently used as a general sports facility with a number of football and cricket fields and combination courts (netball and basket ball). Cut to fill terracing has been undertaken to form the various fields.

Erven 10557 and 10558 are zoned as Educational<sup>1</sup>. They are presently undeveloped with the exception of a small day-clinic at the south-east corner of Erf 10558, which is located on the gravity low. The clinic has been closed since 1998 due to severe cracking of the internal walls (since repaired)<sup>5</sup>. The sites have also been used as an illegal dumping ground for building rubble as well as small scale subsistence farming consisting largely of maize and pumpkins.

The area to the north, east and south of the site is residential with the area to the west being undeveloped. **Figure 3.5.2** shows the land use within a 1km radius of the site.

The detailed soil classification and land capability study has not been included this report.

## 3.6 Biodiversity

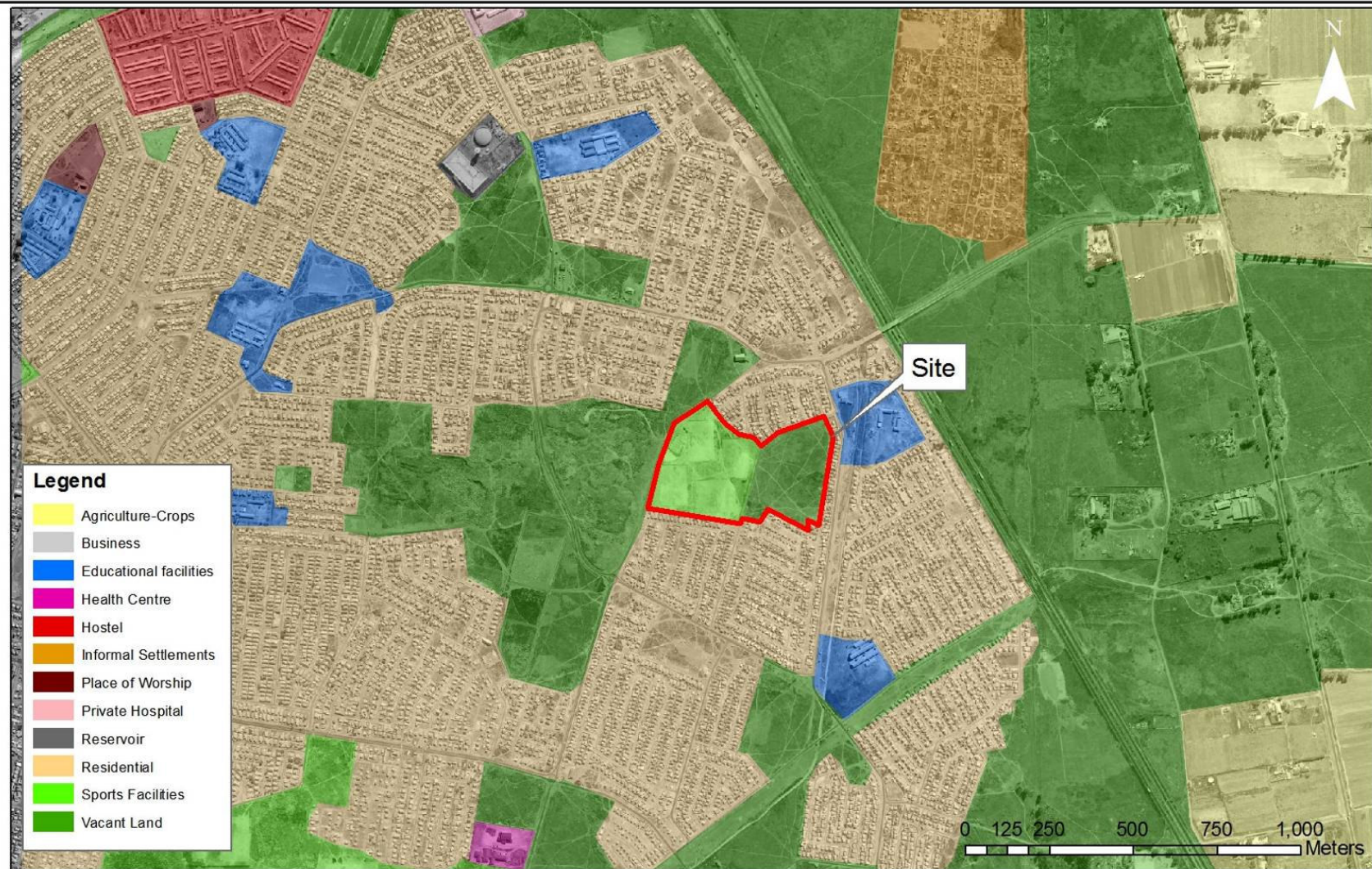
The study area falls within the Grassland Biome as classified by Rutherford & Westfall (1986)<sup>10</sup>. The Grassland Biome is found primarily on the high central plateau of South Africa, the inland regions of KwaZulu-Natal and the Eastern Cape. The majority of plant species in grasslands are non-grassy herbs (forbs), most of which are perennial plants with large underground storage structures. Tree species are limited due to frost, fire and grazing which maintains the herbaceous grass and forb layer and ultimately prevents the establishment of tall woody plants<sup>11</sup>. It must be noted that this biome has an extremely high biodiversity, second only to the Fynbos Biome. Also, a large number of threatened plant and animal species in the summer rainfall regions of South Africa are restricted to high-rainfall grasslands, making this the vegetation type in most urgent need of conservation.

The study area falls within the vegetation type - Rocky Highveld Grassland (**Figure 3.6**). Rocky Highveld Grassland<sup>12</sup> covers an area of 24063km<sup>2</sup>. In 1996 it was estimated that over 60% of this vegetation type was transformed with only 1.38% conserved.

Typical grass species within this vegetation type include *Trachypogon spicatus*, *Diheteropogon amplexans*, *Schizachyrium sanguineum*, *Themeda triandra* and *Andropogon schirensis*. Dicotyledonous forbs include *Sphenostylis angustifolia*, *Acrotome hispida*, *Senecio venosus*, *S. coronatus*, *Justicia anagalloides*, *Pentanisia angustifolia*, *Pearsonia cajanifolia* and *Vernonia oligocephala*.

Dominant tree and shrub species include *Acacia caffra*, *Rhus pyroides*, *R. zeyheri*, *Ehretia rigida*, *Gymnosporia heterophylla*, *Euclea crispa*, *Dombeya rotundifolia*, *Protea caffra*, *Celtis africana*, *Ziziphus mucronata*, *Combretum molle*, *Olea europaea* subsp. *africana* and *Grewia occidentalis*.





**Figure 3.5.2** Land use character within 1km radius of site<sup>4</sup>

The site, itself, is largely transformed through landscaping for recreational activities such as soccer fields and netball courts. Floral species include stoloniferous grass species such as *Pennisetum clandestinum* and *Cynodon dactylon*, and thatching grasses such as *Hyparrhenia hirta*. Tree species such as *Rhus lancea* have been planted along the borders of the site, possibly for screening the site from adjacent land. Alien weedy species were located along the fringes of the site and include *Tagetes minuta*, *Bidens pilosa*, *Gomphrena* and *Datura* species.

Faunal species occurring on site are those typically found within urban settlements. Avifaunal species identified on site are included in **Table 3.6(a)**.

**Table 3.6(a): Avifaunal species identified on site<sup>4</sup>**

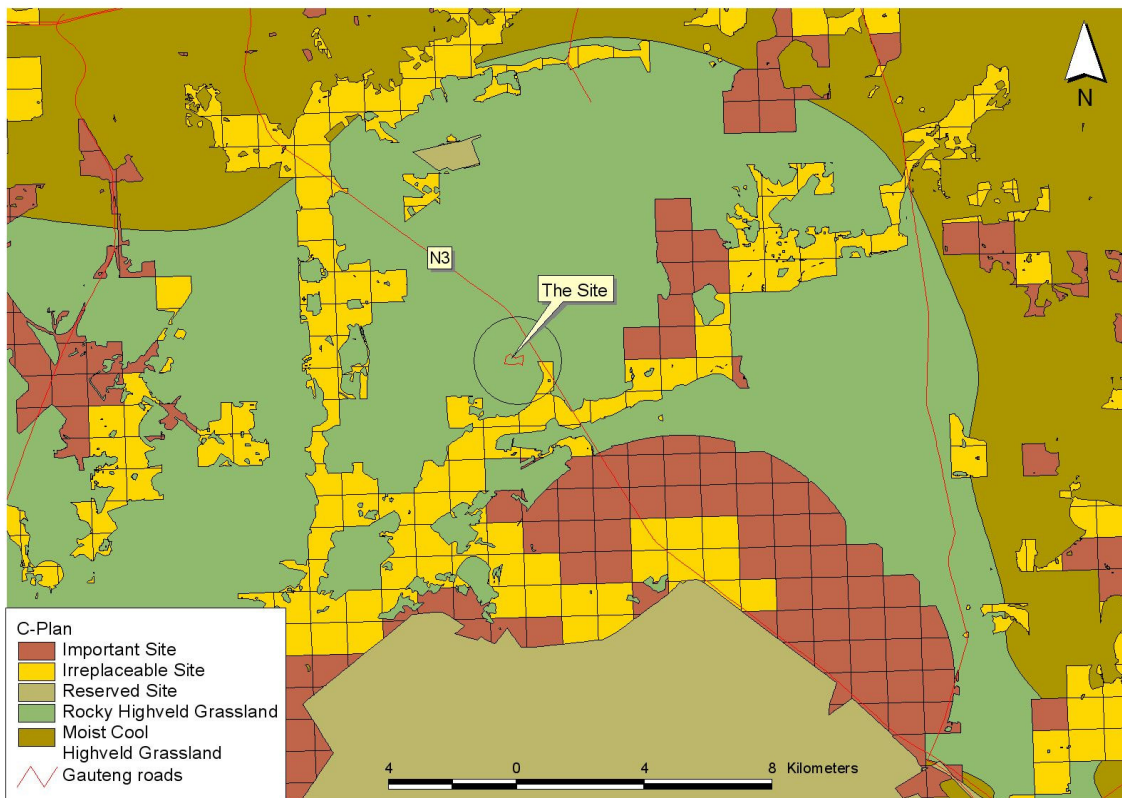
Family Name	Scientific Name	Common Name
ARDEIDAE	<i>Bulbucus ibis</i>	Cattle Egret
	<i>Bostrychia hagedash</i>	Hadedda Ibis
CHARADRIIDAE	<i>Vanellus armatus</i>	Blacksmith Lapwing
	<i>Vanellus coronatus</i>	Crowned Lapwing
	<i>Elanus caeruleus</i>	Black-shouldered Kite
COLUMBIDAE	<i>Streptopelia senegalensis</i>	Laughing Dove
	<i>Streptopelia capicola</i>	Cape Turtle Dove
STURNIDAE	<i>Acridotheres tristis</i>	Common Myna
TURDIDAE	<i>Turdus olivaceus</i>	Olive Thrush

Possible mammal species that could occur on the site are included in **Table 3.6(b)**.

**Table 3.6(b): Possible mammal species on the site<sup>4</sup>**

Order	Scientific Name	Common Name	Conservation statuses
CARNIVORA	<i>Cynictis penicillata</i>	Yellow Mongoose	Least Concern
RODENTIA	<i>Mastomys natalensis</i>	Natal Multimammate Mouse	Least Concern
	<i>Rhabdomys pumilio</i>	Striped Mouse	Least Concern

In terms of conservation importance, the Gauteng C-Plan<sup>13</sup> identified the Rietspruit, approximately 2.5km to the south of the site as Irreplaceable. No Irreplaceable or Important Sites were identified in the area for the proposed NNH (**Figure 3.6**).



**Figure 3.6** Vegetation Types<sup>12</sup> and C-Plan Sites within and surrounding the proposed development<sup>13</sup>

### 3.7 Water resources

#### 3.7.1 Catchment Description

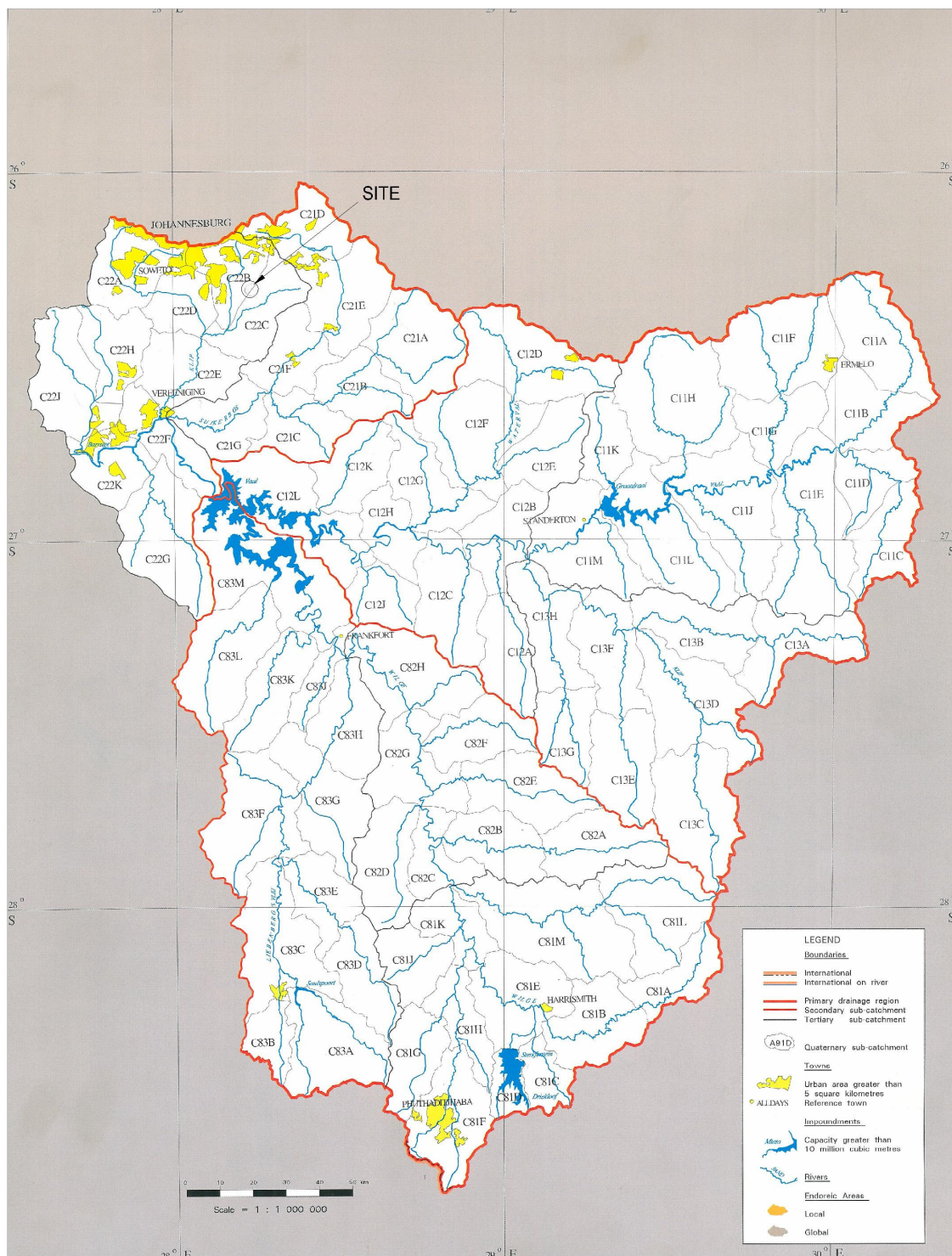
The EMM area covers the convergence of the watershed between the Limpopo and the Vaal catchments. The study area falls within the C22C Quaternary Catchment sub-drainage region of the Klip River<sup>14</sup>, as shown in **Figure 3.7.1**.

#### 3.7.2 Surface water

The Natalspruit, as identified on the 1:50 000 topographical map 2628AC<sup>15</sup>, is a perennial stream which is located approximately 4.5km to the west of the study area. The stream flows in a south-easterly direction and joins the Elsburgspruit in the south-western part of EMM. The Elsburgspruit-Natalspruit river system complex includes extensive natural wetlands. This relatively small river catchment covers an area of approximately 225 km<sup>2</sup>. Tributaries of these two river systems eventually discharge into the Klip River, via the Rietspruit, which then drains southwards towards the Vaal Dam. The Rietspruit is located approximately 2.5km to the south of the proposed site. The Rietspruit and Natalspruit are situated within the upper Vaal catchment area.

Stormwater for the site is discussed in detail under Section 4, the design phase of the project.





### Figure 3.7.1

Quaternary surface water catchment area<sup>14</sup>



### 3.7.3 Groundwater

No detailed geohydrological study has been undertaken at the site. The Kathorus area is however underlain by dolomites of the Malmani Formation and the dolomite regions contain aquifers which are capable of providing large supplies of water<sup>16</sup>. The study area however is located within a dolerite sill which has an isolating effect on the deeper dolomite aquifer<sup>2</sup>.

During the dolomite stability investigation, undertaken in May to June 2005, seepage occurred in 8 of the 35 test holes on the site<sup>5</sup>.

In testpits TP16, 17 and 18, minor seepage occurred at depths of between 2,2m and 3,7m below surface (Figure 3.3.2(a)). In the borehole piezometers, the water level ranges from 3,6m at the west end of the site (BH1) to 5m at the south-east corner (BH12).

It can be concluded from the dolomite stability investigation that there is a locally perched watertable within the residual and weathered dolerite strata, and that interstitial groundwater is limited to joints/fractures within the dolerite rockmass.

## 3.8 Air Quality

No Air Quality Impact Study has been undertaken as no on-site incineration will be taking place. Information pertaining to air quality in the Ekurhuleni district is discussed below and has been adapted from the Ekurhuleni State of the Environment Report (2003)<sup>17</sup>.

Due to the nature of activities that are undertaken within the EMM, sources of pollution within this area vary considerably and include heavy manufacturing industries, a coal fired power station, mines and associated infrastructure, light industrial processes, waste sites, motor vehicles, farming and domestic fuel combustion. From an air quality perspective, areas of high air pollution in South Africa tend to correspond with areas that have a high concentration of heavy industry. With the exception of the Germiston industrial area, heavy industrial activity is spatially spread across the EMM area in the various sub-regions in smaller clusters, comprising one to three heavy industrial sites<sup>17</sup>.

The area surrounding the proposed NNH is predominantly residential. Although Eskom do supply power to this area there is still the potential for air pollution from the existing households, as shown in **Table 3.8** where 19.12% of heating is undertaken by the use of wood. Within EMM domestic households have the potential to be one of the most important sources of air pollution. As is the case with light industry, individual households are low volume emitters of air pollutants but their cumulative impact is significant. Air pollution from domestic households is primarily as a result of the combustion of fossil fuels as an energy source. Table 3.8 gives a summary of the domestic fuel usage in EMM.

**Table 3.8 Energy or fuel for lighting, heating and cooking for households in the EMM<sup>17</sup>**

Source	Lighting (%)	Heating (%)	Cooking (%)	Average (%)
Electricity	74.84	61.73	65.63	67.4
Gas	0.21	1.62	0.97	0.93
Paraffin	3.87	13.32	25.54	14.23
Wood	N/A	1.44	0.33	0.89
Coal	N/A	19.12	6.39	12.76
Animal dung	N/A	0.14	0.22	0.18
Solar	0.15	0.15	0.23	0.27
Candles	20.72	N/A	N/A	20.72
Other	0.19	2.48	0.15	0.94
Total	100%	100%	100%	100%

### 3.9 Noise

A noise impact assessment was undertaken by JH Consulting to investigate the noise impact of the development on the existing ambient noise climate, and the development's impact on the surroundings, especially on the surrounding residential area<sup>18</sup>. This was achieved by measuring the existing ambient noise levels at the site and comparing these to the noise levels expected to be generated by the proposed development. The requirement for a noise impact study is outlined in the Gauteng Province Gazette, DEAT, No 5479 of 1999, Noise control regulations, 1999<sup>19</sup>. The required national standards were also used to assess the impact of the development and the effect of the development on the existing noise climate. Four monitoring positions on the boundary of the proposed development were selected, two on Nguza Road at the western boundary of the site, one on Morena Street near the centre of the residential area on the eastern boundary and one at the northernmost point of the site on the corner of Ukufika and Ikhaneli Streets. The location of the monitoring points is shown in **Figure 3.9**. The Environmental Noise Report has not been included in this document. Below is a summary of the document.

In terms of existing ambient noise levels the proposed hospital development is situated in a residential area with low level traffic on the Nguza road situated on the western edge of the site and the N3 highway 300m from the eastern boundary, these being the predominant noise sources in the area. Other less significant noise such as occasional remote aircraft approaching O.R Tambo International Airport, wildlife, and other low level, intermittent and unpredictable domestic noises, typical of residential areas have been identified as part of the noise impact assessment.

The ambient noise measurements carried out at site show that the existing noise levels are already somewhat greater than the suggested daytime values for high density residential districts in suburban areas with little road traffic, according to the recommendations of SANS 10103:2003<sup>18</sup>. The measured existing values rarely fall below the daytime recommended value of 50 dB(A) at any point on the boundary with the existing residential area.



Figure 3.9 Location of noise monitoring points<sup>4</sup>

### 3.10 Traffic

A Traffic Impact Study to address the traffic-related aspects of the project has been undertaken for the proposed new Natalspruit Hospital site by Stewart Scott International<sup>15</sup>. Below is a summary of the detailed Traffic Impact Study Report. The current status in terms of the existing road network and traffic volumes is discussed below with the impacts relating to the increased traffic volumes discussed in Section 5.

#### 3.10.1 Road Network

The main access to Vosloorus is taken directly from the existing N3 freeway in the north-east of the township via the interchange at Barry Marais Road (R21). There is a large taxi terminus and a large bus terminus situated adjacent to the intersection of Barry Marais Road and Sam Sekoati Road in the north of Vosloorus, close to the N3. These termini are capable of accommodating large passenger volumes.

The road network in Vosloorus is well developed and has a well defined road hierarchy<sup>20</sup>. The arterial road system within Vosloorus is generally in good condition and many of the major intersections are controlled by traffic circles, which facilitate the traffic flow on these routes. Speed humps are installed on some of these routes in order to control excessive speeding. **Figures 3.10.1(a) and (b)** show the location of the main arterial roads in the vicinity of the proposed hospital. Sam Sekoati Road serves as the major arterial for north-south traffic movements in the eastern section of Vosloorus and will play an important role in providing access to the site from the north of the township<sup>20</sup>. Major east-west access is provided by Sithohimela Road to the north of the site and Roets Road to the south. As can be seen from Figures 3.10.1(a) and (b) the major roads adjacent to the site are Nguza Road to the north and west, Ukusuka Road that links into Sam Sekoati Road to the south and Umzukuza Road to the east. Nguza Road continues to the east and crosses the N3 freeway by bridge linking to the R103 main road east of Vosloorus.

It is proposed that the access to the new hospital should be taken directly off Nguza Road only as shown on the figures below.

In summary the proposed site and access selected for the new hospital will have good access to the external road network (via Sam Sekoati Road or the bridge over the N3 freeway) and also to all the sections of Vosloorus via the internal township arterial road network.

#### 3.10.2 Existing traffic

Manual traffic counts of vehicle turning movements were undertaken as part of the SSI study<sup>20</sup> at selected intersections in the vicinity of the proposed hospital site. The traffic surveys were undertaken at the following four intersections in Vosloorus:

- Nguza and Umzukuza
- Nguza and Sithohimela
- Nguza and Sam Sekoati / Ukusuka
- Ukufika and Ikhaneli

From the traffic data, the periods of peak traffic activity at these intersections can be identified and these are used for the traffic analysis exercise<sup>20</sup>. The identified peak periods are:

- Morning Peak Hour                      06:30 to 07:30
- Off Peak Hour                              12:45 to 13:45
- Afternoon Peak Period                  17:00 to 18:00

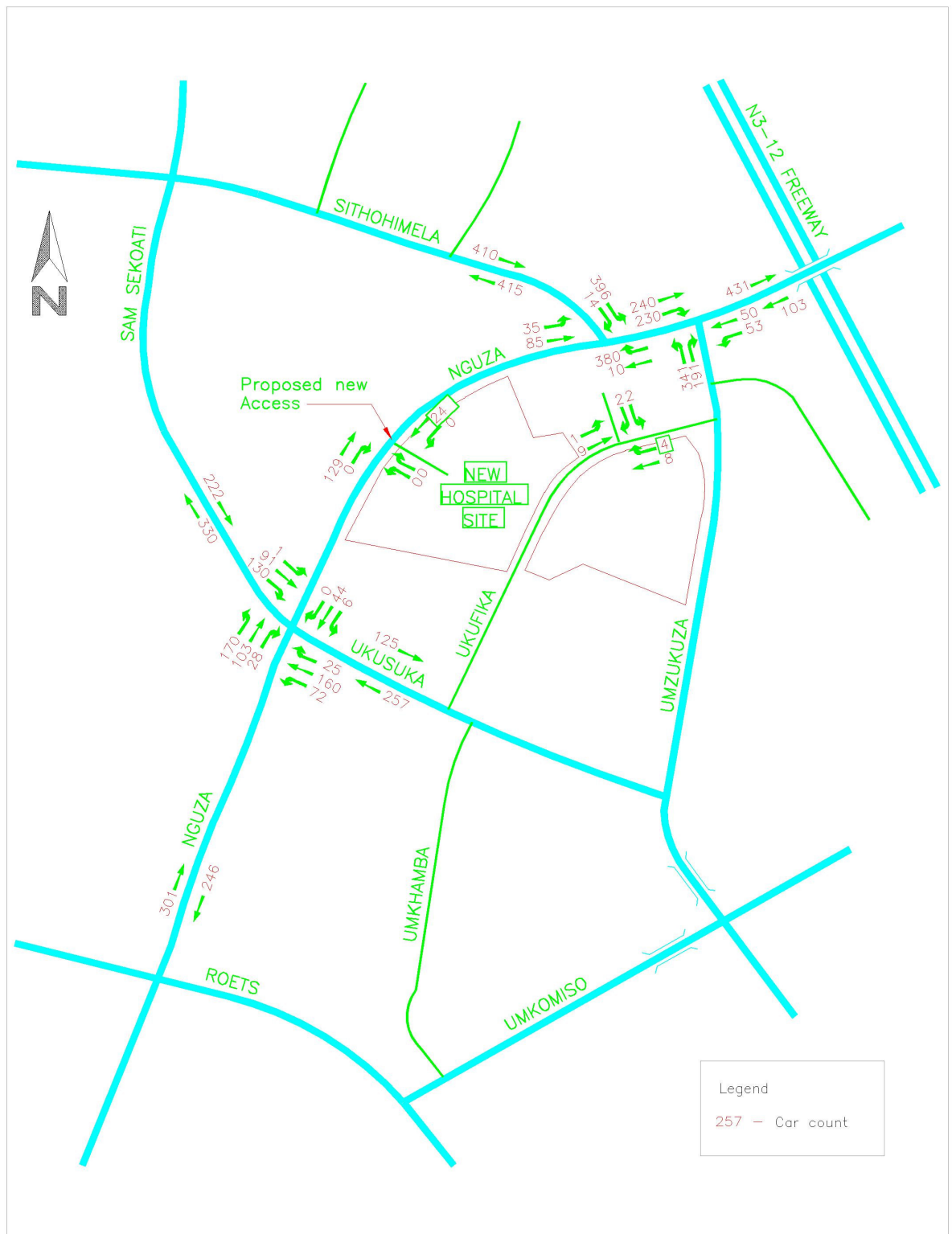


Figure 3.10.1(a) Existing traffic – am peak hour<sup>20</sup>



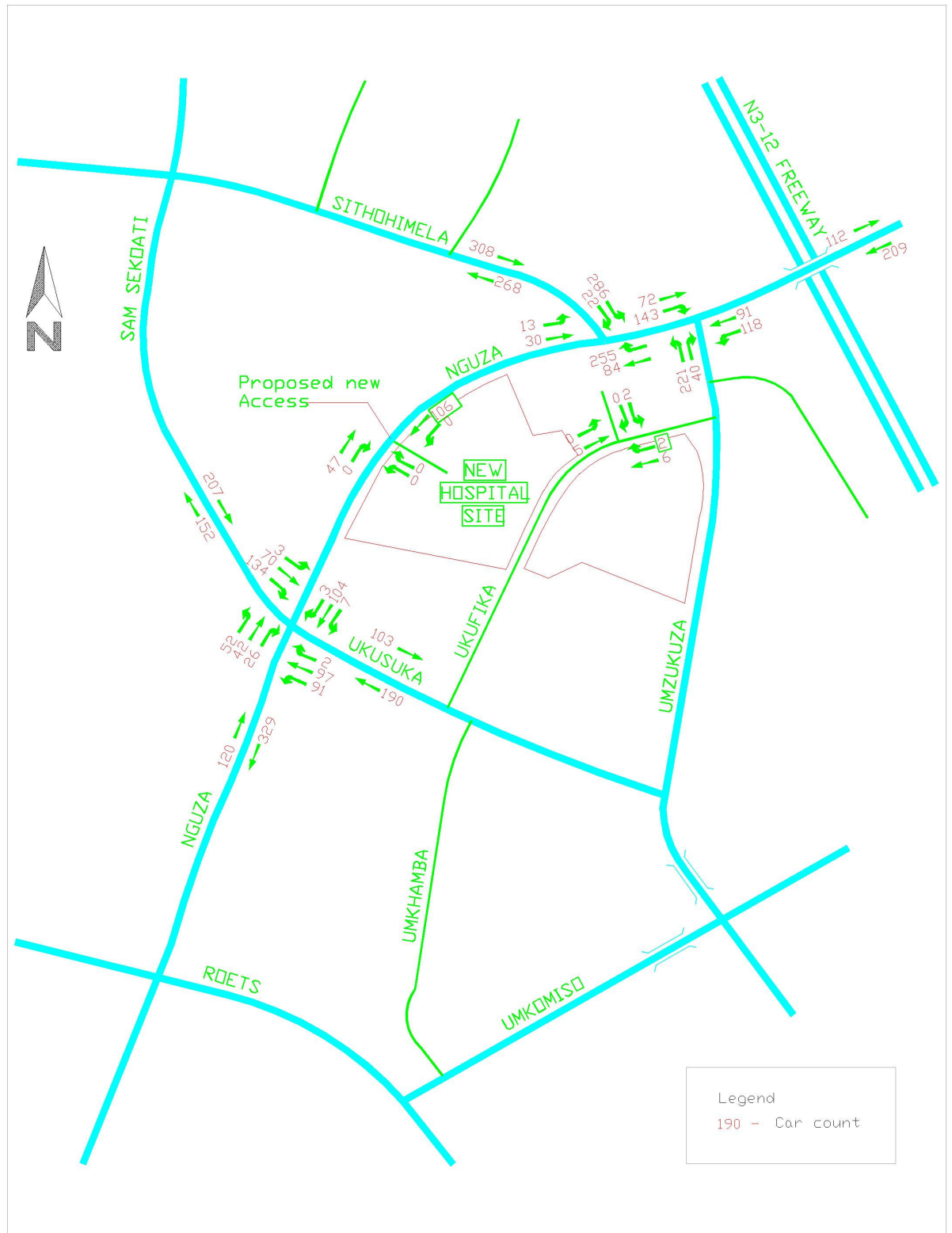


Figure 3.10.1(b) Existing traffic – pm peak hour<sup>20</sup>

These existing traffic movements are summarised in Figures 3.10.1(a) and (b) which show the traffic during the morning and afternoon peak periods respectively.

### 3.11 Heritage Resources

Matakoma Heritage Consultants undertook an Archaeological Assessment in December 2005<sup>21</sup> at the proposed site. The National Heritage Resources Act 1999 (Act 25 of 1999) stipulates that the surveying, capture and management of heritage resources is integral part of any new development<sup>22</sup>. During the survey no archaeological or historical sites were found in the proposed development area.

### 3.12 Visual Aspects

A visual assessment was undertaken by Natural Scientific Services and J&W in February 2006<sup>4</sup>. Below is a summary of the visual assessment undertaken as part of the EIA. The visual resources of an area may consist of the landforms, vegetation, water features (if any), and cultural modifications / physical changes caused by anthropogenic activities, that impart an overall visual impression of the landscape. In order to assess possible visual impacts, there are a number of factors in the evaluation of visual resources that must be considered<sup>23, 24 & 25</sup> and include:

- Landscape Character (LC) is defined as 'a distinct, recognisable and consistent pattern of elements in the landscape that makes one landscape different from another, rather than better or worse;
- Visual Quality (VQ) is a measure of the overall impression or appeal of an area as determined by the particular landscape characteristics (i.e. landforms, rock forms, vegetation patterns), as well as associated public value;
- Visual Absorption Capacity (VAC) is a landscape's ability to accept alteration without diminishment of VQ (or creation of visual contrast);
- Viewer Exposure (VE) considers landscape visibility (the ability to see the landscape), distance zones (proximity of viewers to the subject landscape), number of viewers, and the duration of view; and.
- Viewer Sensitivity (VS) addresses the level of interest or concern of viewers/receivers regarding an area's visual resources and is closely associated with viewers' expectations for the area.

#### 3.12.1 Landscape Character

The area surrounding the NNH is dominated by residential developments intermixed with scattered commercial and educational complexes, recreational facilities (i.e. soccer fields) and vacant disturbed land (Figure 3.5.2). The residential developments are in general single storey with small but established gardens. Large and small advertising signboards are dotted along the main transport routes within the residential area and the skyline is interrupted by 30m high security/area lights. The recreational areas are dominated by short grasses with very limited tree cover and large tracts of vacant land are disturbed through activities such as illegal dumping (**Figure 3.12.1(a)**).



a. Vacant land – Illegal Dumping



b. Residential Complexes

**Figure 3.12.1(a). Different components that contribute to Landscape Character.**

Photographs by B. Candy November 2006

The elevation and gradient of an area are important in determining landscape character. The study area elevation is shown in **Figure 3.12.1(b)**.

### 3.12.2 Visual Quality

The study area is greatly altered through anthropogenic activities, consisting mainly of residential dwellings. Vacant land bordering the site in the east and west are largely transformed through illegal dumping and mismanagement (invasion of alien species).

### 3.12.2 Visual Absorption Capacity

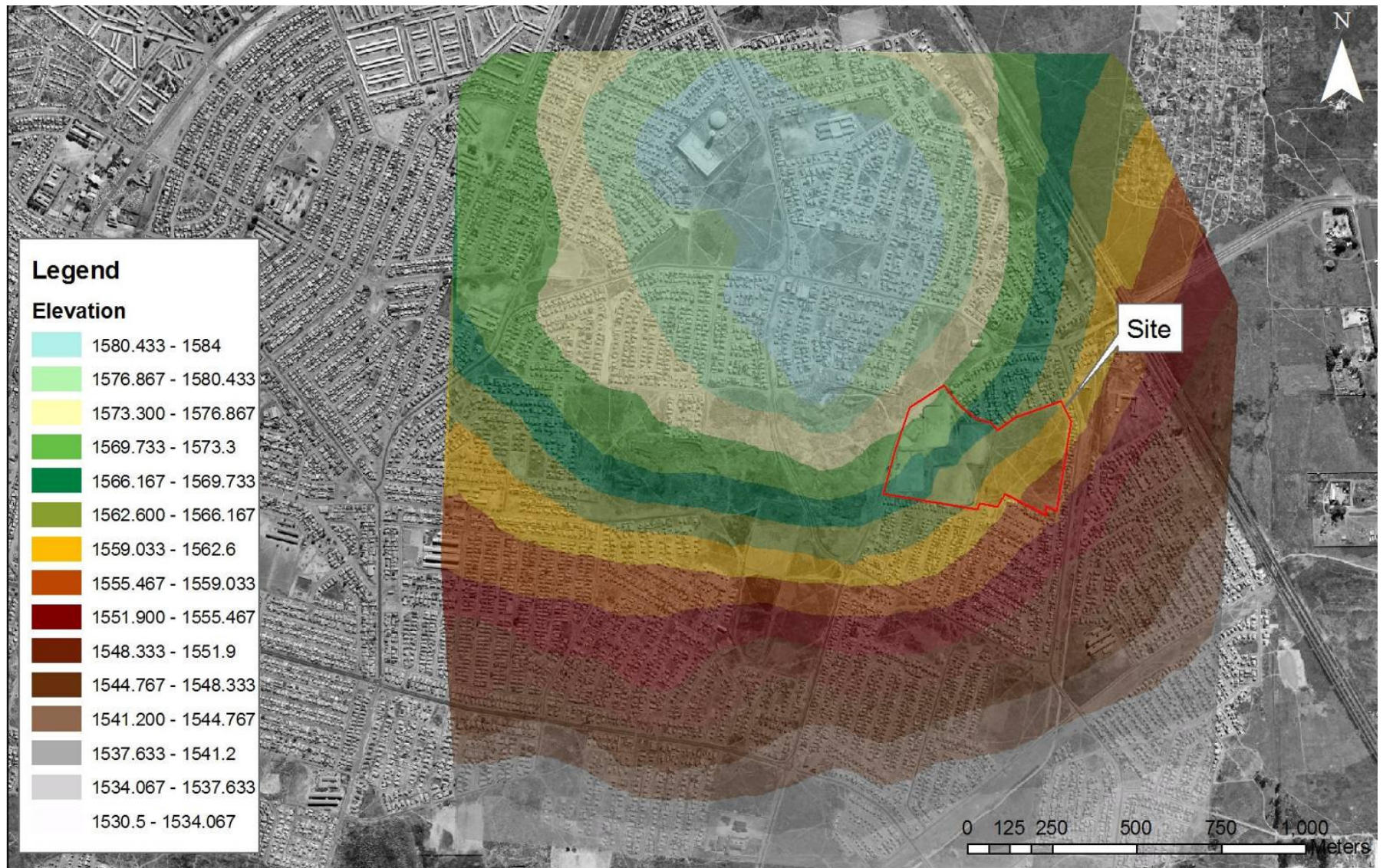
A landscape can accommodate a project more effectively if the existing landforms and vegetation are able to screen the project from view or if the proposed project tends to replicate the existing forms, lines, colours, and/or textures of the landscape and not appreciably change the balance of natural and cultural elements.

Although, at the time of this assessment, the architectural design of the hospital was incomplete, the following components of the design, applicable to the visual assessment, were made known:

- The hospital will consist of four storeys (estimated at a height of 18m);
- A sub-station will be constructed at one of the corners of the site;
- A visitor parking and public transport area will be located on the western section of the site; and
- Two back up generators will be included in the design, one on the north and one on the south of the site. Each generator will have an exhaust mounted next to the building approximately 3m in height.

Although the hospital structure is four storeys high (three storeys more than the surrounding structures), the study area setting still contains man-made structures that are similar or contain similar visual characteristics to the proposed hospital structures, thereby ensuring a moderate-high compatibility with the predominantly residential setting.





• Figure 3.12.1(b) Elevation of the study area and surrounding areas<sup>4</sup>

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### 3.12.3 Viewer Exposure

Landscape visibility can be a function of several interconnected considerations including proximity to viewing point, degree of discernible detail, seasonal variations (rain, fog, haze etc can obscure landscapes), time of day, and presence or absence of screening features such as landforms, vegetation, and/or built structures (Visual Absorption Capacity- Refer to Section 3.12.2 above).

In order to characterise exposure, a number of Key Viewpoints (KVP) were established from which to focus the analysis. All Key Viewpoints were located at a lower elevation than the site (between 1558m and 1538m). Key Viewpoints (KVPs) are locations selected to be representative of the critical locations from which the project will be seen and are used in an effort to evaluate the impacts on visual resources with various levels of sensitivity, in different landscape types and terrain, and from various vantage points. Typical KVP locations for this project include:

- Along significant travel corridors or points of visual access
- At key vista points (e.g bridge crossing)
- At significant recreation or meeting areas (e.g. a shopping centre or café)
- At locations that provide good examples of the existing visual context (within the residential complex)
- The exercise demonstrated that due to the hilly terrain surrounding the site that the view exposure will be mainly from the south-eastern direction

### 3.12.4 Viewer Sensitivity

Within the surroundings of the NNH, a large proportion of the area is residential development (Figure 3.5.2). No major commercial or business developments are located within the area that could contribute to occupational receivers. As vacant land to the east of the site will be converted to sporting facilities, Recreational receivers would be immediately adjacent to the development. The sensitivity of surrounding viewers/receivers is therefore considered Medium-High in sensitivity.

## 3.13 **Socio-economic Aspects**

No specific socio-economic assessment has been undertaken for the NNH project. Information pertaining to the socio-economic status in the Ekurhuleni district is discussed below and has been adapted from the Ekurhuleni State of the Environment Report (2003)<sup>17</sup>.

According to the 1996 Census, the population of EMM was just over 2million people. Based on 2001 census data, this figure has grown by approximately 4% per annum (an increment of 90 623 people per year). The population is estimated at 2,4million, which is 28% of the total population of the Gauteng Province. Three-quarters of the EMM population is black. Population densities are high, well in excess of 1000people/km<sup>2</sup> in some areas, most notably in the settlements (townships) of historically disadvantaged communities. All settlements, including Kathlorus, are situated on the outskirts of the urban areas and accommodate approximately 65% of the total population of the EMM. 21.89% of the population still reside in informal and inadequate housing. Although the majority of the households in the EMM have access to water, sanitation and electricity, much of the bulk infrastructure network is in need of upgrading and expansion to accommodate the rapidly growing population.



According to the 2001 census figures, approximately three-quarters of the people in EMM fall within the potentially economically active age group (between 15 and 64 years). The 2001 census data reflects that the rate of unemployment amongst this group is approximately 40%. The Ekurhuleni Urban Economic Development Review indicates that poverty levels in the EMM are racially unevenly distributed, with poverty levels amongst the black population ranging from 40 to 46%, against approximately 6% of whites. Despite the unequal distribution of wealth within the EMM, poverty levels compare favourably with the figures for SA as a whole.

Health care services are provided by the numerous hospitals and clinics distributed throughout the EMM. However, not all facilities provide a full range of services and some facilities in densely populated areas experience severe capacity problems. Other community services and facilities, including public safety and security, sports, recreation as well as arts and culture are generally concentrated in and around the CBDs of the EMM. The EMM IDP states that initiatives are in place to provide adequate facilities and services in marginalised areas (for example, the establishment of Multi-Purpose Service Delivery Centres).

A century ago the EMM was considered the world's largest producer of gold<sup>17</sup>. Although mining now contributes only about 2% to the economy of the EMM, the growth of a substantial manufacturing and industrial support base has resulted in the EMM contributing some 23% to the Gross Geographic Product (GGP) of the Gauteng Province. Approximately 40% of all industrial activity in Gauteng derives from the EMM area, which is the largest industrial area in the country. It is therefore not surprising that the Gauteng Spatial Development Framework (GSDF) has identified the EMM as a core focus area for future economic development in the Gauteng Province.

Manufacturing, together with wholesale and retail trade, collectively contributed approximately half of the GGP for the EMM in 2001. The services and finance sectors also make significant contributions to the local economy, with finance showing the strongest growth of all sectors in recent years. In terms of employment opportunities, manufacturing and mining are the largest and smallest contributors respectively (EMM 2003).

The informal sector in EMM is thriving with the majority of informal trade occurring in the townships. Informal sector activity is also evident in the CBDs and around industrial hubs<sup>17</sup>.

Adequate transport linkages make EMM highly accessible<sup>17</sup>. Towns within the metropolitan area are linked by highways as well as national and provincial roadways of high standards. The Germiston Railway Centre is a major east-west and north-south rail interchange.

### **3.14 Interested and Affected Persons**

Please refer to Section 4 for information on the interested & affected persons (I&AP's) and the public participation process.

## **4. PUBLIC PARTICIPATION PROCESS**

The Public Participation (PP) process involved the identification, notification and consultation with all relevant stakeholders. The Author assisted in the facilitation of the public participation process.

### **4.1 Authority briefing and site visit**

An initial authorities briefing meeting to introduce the construction of the NNH and discuss a way forward was held on the 24<sup>th</sup> November 2005 at the J&W offices in Rivonia. Authorities invited to attend the meeting included:-

- Gauteng Department of Agriculture, Conservation and Environment
- Sustainable Use of Environment
- Environmental Planning and Impact Assessment
- Department of Water Affairs and Forestry
- Water Quality Management
- Department of Health
- Department of Public Transport, Roads and Works
- Ekurhuleni Metropolitan Municipality
- Legal and Corporate
- Town Planning – Special Projects
- Municipal Infrastructure
- Roads, Transport and Civil Works

Minutes from the meeting are attached as *Appendix A*.

A second authorities meeting was held on the 14<sup>th</sup> December 2005 at the J&W offices in Rivonia, to discuss the rezoning and purchase of the site proposed for the new hospital. Authorities invited to attend the meeting included:-

- Department of Health
- Department of Public Transport, Roads and Works
- Ekurhuleni Metropolitan Municipality
- Legal and Corporate
- Town planner.

### **4.2 Identification of stakeholders**

The stakeholders considered in this PP process consisted of the following: -

- Department of Health (DoH)
- Department of Public Transport, Roads & Works (DPTRW)
- Ekurhuleni Metropolitan Municipality (EMM)
- Gauteng Department of Agriculture, Conservation & Environment (GDACE)
- Department of Water Affairs & Forestry (DWAF)
- Ward Councillor
- NGO Groups

- Community Forums
- Natalspruit Hospital
- Hospital management committee
- Hospital board (represented by community)
- Adjacent landowners
- Telkom
- Eskom
- Rand Water

### **4.3 Notification and consultation of stakeholders**

The notification and consultation with identified stakeholders has involved the following: -

#### **4.3.1 Briefing documents and I&AP Registration Forms**

Briefing documents together with I&AP registration forms, translated into English, Afrikaans, Sotho and Zulu (*Appendix A*), were delivered to the following identified stakeholders: -

- DoH
- DPTRW
- Ekurhuleni Metropolitan Council
- GDACE
- DWAF
- Ward Councillor
- NGO Groups
- Community Forums
- Natalspruit Hospital
- Hospital management committee
- Hospital board (represented by community)
- Adjacent landowners

The registered stakeholders to date, together with listed concerns, are included in *Appendix A*. The number of completed I&AP Registration forms is very extensive and therefore has not been included in this report, the documents are however available on request.

The following additional stakeholders were consulted by the larger Project Team during the design process of the proposed hospital:

- Telkom
- Eskom
- Rand Water.

#### **4.3.2 Advertisements**

Advertisements were placed in two regional (The Star and the Daily News) and two local (City Vision and Boksburg News) newspapers, to introduce the project and to allow all

I&AP to register. A second round of advertisements was placed in the newspapers to invite all interested parties to a public meeting on the proposed project.

#### 4.3.3 On-site notices

On-site notices, translated into English, Afrikaans, Sotho and Zulu, were placed in strategic positions at the site and adjacent areas and are shown in **Figures 4.3.3(a) and (b)**. Examples of locations for the on-site notices include the following: the Natalspruit Hospital, the proposed new site, shopping centres, cell phone booths, cafe's etc. The notice provided contact details and information pertaining to the project.

#### 4.3.4 Focus Group meetings

Focus group meetings were held with stakeholders to discuss the proposed project, these included:

- A number of focus group meetings were held with the local community leaders of the Vosloorus Extension 14. A list of all the community leaders and contact details are included in *Appendix A*. The focus group meetings with the community leaders included discussions on the following:
- Introduction of the project
- Public participation process
- Organisation of the Public meeting and approval of Agenda for the public meeting
- A focus group meeting was held with the local community leaders as well as the local sports team managers to discuss the proposed new sport facilities designs. The objectives of the meeting were to present the local community representatives with the proposed new sport facility designs, get feed back on the design and reach a consensus between the community representatives and the project team on the final designs of the new sports facilities. The final designs are as discussed in Section 5.
- Telephonic consultation with Natalspruit Hospital community board representatives.

#### 4.3.5 Public meeting

A public meeting was held on 29<sup>th</sup> January 2006 to discuss the proposed project, the findings of the specialist studies, the relocation of the sports facilities and to obtain any concerns or comments from the stakeholders.

Notification of interested persons for the public meeting included the following:

- Newspaper advertisements, as discussed above
- Mentioned at the local residences regular meetings
- Visiting of adjacent land owners by community leaders
- Telephonically contacting all registered I&APs identified during the initial consultation process



Figure 4.3.3(a) On-site notices at the proposed site<sup>4</sup>





**Figure 4.3.3(b)**

**Photographs of on-site notices in the surrounding areas.**  
 Photographs by B. Candy January 2006

The public meeting included the following:

- An introduction and welcome of the project team by the community leaders from Extension 14.
- A presentation by the project team to introduce the project, including showing a site layout of the proposed hospital and proposed new sports facilities, summary of specialist studies and bulk services upgrade layout.
- Notice boards with the posters of the locality of the site, proposed hospital layout, proposed new sports facilities, summary of specialist studies and bulk services upgrade layout. **Figure 4.3.5(a)** show notice boards with the posters.
- One-on-one discussions with interested parties and the project team representatives, shown in **Figure 4.3.5(b)**.
- A presentation by a representative from the Natalspruit Hospital community board on the proposed future activities at the Natalspruit Hospital.
- The presentations, as well as all queries, were translated by the community leaders with assistance of members of the project team.

**Figure 4.3.5(c)** includes photographs from the public meeting (the presentation as well as the attendees of the public meeting).

A copy of the public meeting agenda and the attendance register are included in *Appendix A*. The whole process was recorded on a dictaphone.

Concerns raised during the public meeting included the following:

- Maintenance and safe guarding of sport facilities after construction
- Will the capacity of the existing sewer and water services be affected by the new development?
- Will the bulk services be upgraded for the proposed new development, including the electrical supply?
- Effects of the installation of the new bulk services on the adjacent land owners
- Employment opportunities
- Adjudication systems for the awarding of tenders for the construction phase of the project
- Will the construction of bulk services go out to tender?

All concerns raised at the public meeting were addressed immediately by the project team to satisfaction of the enquirer.

#### 4.4 Community liaison officer

A Community Liaison Officer (CLO) will be appointed prior to the commencement of the construction phase of the NNH. The CLO will be in charge of all communication between the community and the project team (including contractors) during the construction phase of the hospital. The CLO will also co-ordinate the employment of local community members during the construction of the hospital and associated sports facilities. All Company Profiles and CV's that were received during the PP process will be forwarded to the CLO for consideration when assigning the potential job opportunities.





**Figure 4.3.5(a)**

**Public meeting – Photographs of notice boards and closure up of notice boards. Photographs by B. Candy January 2006**





**Figure 4.3.5(b)**

**Public meeting – Photographs of one-on-one discussions**  
Photographs by B. Candy January 2006





**Figure 4.3.5(c)**

**Public meeting – Photographs of presentation and attendees**  
Photographs by B. Candy January 2006



## **5. DESIGN PHASE**

### **5.1 Introduction**

The detailed outline of all services for the proposed NNH are summarised from the Architects design report<sup>26</sup>. The new Natalspruit hospital will comprise a 760 bed Level 1 & 2 hospital and a Gateway Clinic. The hospital will have a comprehensive Primary Care Service up to General Practitioner's level and first line Specialist service for in-patients, out-patient and emergency departments. Sports facilities, consisting of soccer fields, combi-courts and cricket nets, will be constructed on the land immediately adjacent to the hospital (Erf 12390). The hospital services and layout of the proposed new sports facilities are discussed in further detail below. Section 5.5 discusses the existing bulk services within the vicinity of the proposed hospital and the proposed new services. Section 5.6 discusses the waste management plan for the proposed new hospital.

### **5.2 Hospital services**

#### **5.2.1 Inpatient Department**

The following general disciplines will be catered for:

- General Surgery (Adult & Paediatric)
- Specialised Surgery
- Medical (Adult & Paediatric)
- Gynaecology, Obstetrics, Kangaroo & secondary trimester TOP
- Paediatrics
- Orthopaedics
- Operating Theatre Unit
- Burns Unit
- Spinal Unit
- Rehabilitation Unit
- ICU & High care
- Psychiatry
- TB
- Stepdown

#### **5.2.2 Services**

- Administration services
- Catering
- Stores
- Pharmacy
- Waste control
- Mortuary
- Security
- Portering
- Workshop

- Laundry / lines services
- Cleaning
- Transport

#### 5.2.3 Out patients Department and Gateway Clinic

A comprehensive service (preventative and curative) will be rendered in this area to the public and will include:

- Allied services:
- Radiology
- Physiotherapy
- Occupational Therapy
- Speech Therapy & Audiology
- Podiatry
- Dieticians
- General consultant and treatment services by medical and nursing staff on level 1 & 2 service
- Preventative Health Services
- Mental Health Services
- Social Welfare Services
- Rehabilitative Services
- Health Educational Services
- ART clinic
- Gateway clinic
- Ante-natal care services

#### 5.2.4 Emergency Medicine Department

This department will operate on a 24 hour basis for the treatment of all medical, surgical and paediatric emergency cases at a district and regional hospital level of care. In accordance with Provincial Policy a crisis centre unit will be attached to this department.

**Table 5.2.4: Proposed bed allocation for the hospital**

<b>Division</b>	<b>Number of beds</b>
Medical	90
Surgical	90
Orthopedics	60
Gynae	30
Obstetrics	30
Kangaroo	22
Pre Natal High Care	6
Neo Natal ICU And High Care	10
Obstetrics And Gynecology High Care	10
Pediatric	60
Neonatal	20
Burns Unit (ICU And High Care)	14
ICU And High Care Adult	10
ICU And High Care Pediatrics	10
Psychiatrics	18
Rehabilitation Spinal	20
Rehabilitation Specialized	20
Top	8
Stepdown	172
Tb	60
General Level	0
<b>Total</b>	<b>760</b>

### 5.3 Hospital layout

The Main Hospital Building is to be located in a single compact zone positioned in the south-east portion of the site (**Figure 5.3**)<sup>26</sup>. The Service Area will sit beneath the main building to its rear (south-eastern side). The other two major zones, Parking and Public Transport, are to be located in the north-western portion of the site adjacent to Nguza Street, bisected by the main vehicular and pedestrian access route. Aspects relating to the hospital infrastructure and layout are described in further detail below.

#### 5.3.1 Main Hospital

The main hospital building comprises four floor levels; Basement (Level -1), Ground (Level 0), First (Level +1) and Second Floors (Level +2). Departments are organised around six vertical circulation cores, with all outpatient functions being located at Ground Floor level along either side of a generous Hospital Street. Besides acting as the primary horizontal circulation spine for patients, visitors and staff, the Hospital Street accommodates waiting areas for ground floor departments. Ample natural lighting and ventilation is achieved through a triple volume atrium space. Patient/visitor circulation to upper (inpatient) levels is via dedicated lifts directly into wards. The need for upper level horizontal movement between departments is minimised as far as possible through clustering of related departments/wards around vertical service cores.

Complete separation of patient/visitor circulation from supply routes is achieved through the provision of a separate service corridor, inaccessible to the public, at Level -1. Movement of supplies, waste, linen occurs via this service corridor and directly up into wards via dedicated lifts.



Figure 5.3

Layout of hospital – Ground floor<sup>26</sup>

### 5.3.2 Security

The site layout sets out three distinct security zones:

- An open zone fully accessible to the public.
- A zone with controlled public access.
- A secure zone accessible by inpatients (and their visitors) and staff only.

The intention of this layout is to ensure that the design reduces security and surveillance requirements by limiting both the number of public access points and the area into which members of the public are admitted thus achieving security “by design” rather than by remedial measure.

A single access point to the site is provided at the main gate from Nguza Street, with an alternative access gate to Ukufika Street to remain locked except in case of emergency.

The main entrance to the hospital is located in close proximity to the main gate and security office.

### 5.3.3 Flow Efficiency

The Site Layout and Building Design are configured to maximize flow efficiencies in relation to the following:

- Movement to and from the Gateway Clinic
- Emergency Traffic
- Inpatient Movement
- Outpatient Movement
- Movement to and from the ART Clinic
- Maternity Movement
- Visitor Movement
- Staff Movement
- Supply Traffic

### 5.3.4 Peripheral Buildings

The peripheral buildings are clustered in a consolidated zone north of the main hospital, adjacent to the main entrance gate.

- Security Gatehouse

The Security Gatehouse straddles the main access road into the hospital, providing a covered security checkpoint for both vehicles and pedestrians entering and leaving the hospital. A special slip-lane is provided for emergency vehicles, by-passing the queue of vehicles entering the hospital. A separate pedestrian access route through the security gate to the Gateway Clinic is provided.

- Gateway Clinic

The Gateway Clinic is located immediately adjacent to the main entrance gate, within view of the security office and easily accessible both from the taxi/bus drop off facility and the public car park. The clinic is located within the main perimeter fence but with a separate access from the main hospital.

Parking for Clinic Staff is provided to the east of the clinic within the main hospital security perimeter.



- Crèche

The Crèche, intended to provide a day-care facility for children of hospital staff members, is located within the main hospital security perimeter between the Gateway Clinic and Water Reservoir. The Crèche is located accessibly for staff dropping off and collecting their children before and after work, close to the main entrance gate and main hospital entrance and easily accessible from the perimeter ring road.

### 5.3.5 Water Reservoir

The Water Reservoir is securely located at the highest point within the main hospital security perimeter, with service access provided off the perimeter ring road. Refer to Section 5.5.3 for more detail on the reservoir.

### 5.3.6 Parking

A total of 482 parking bays are provided within the main hospital security perimeter with a further 20 bays provided for private cars in the taxi/bus drop off facility.

- Public Parking

201 parking bays are provided for in the Public Car Park located adjacent to the main access gate. This car park is located outside the main hospital security perimeter necessitating visitors and outpatients to park and proceed on foot through the main security gate to the Hospital or Gateway Clinic.

- Staff Parking

204 parking bays are provided for in the Main Staff Car Park. This car park is the continuation of the Public Car Park, separated only by the fence running along the main hospital security perimeter, allowing for flexibility of configuration of public and staff parking arrangements according to demand. The Main Staff Car Park is located within the main hospital security perimeter and is easily accessible from the perimeter ring road.

- Administrative Parking

32 parking bays are provided for managers, administrative staff and visitors immediately adjacent to the entrance to the Administration Department.

- Gateway Clinic Parking

15 parking bays are provided for Gateway Clinic staff in a car park located to the east of the clinic within the main hospital security perimeter.

- Drop-off Areas

Drop-off areas providing a total of 23 short-stay parking bays are located at the main hospital entrance, at the Maternity/Crisis entrance and at the entrance to Accident and Emergency.

### 5.3.7 Public Transport

The Taxi/Bus drop off facility is located in northern corner of the site, immediately adjacent to both the main entrance gate and the Gateway Clinic. The drop off facility will accommodate approximately 100 taxis or alternatively approximately 8 buses and 80 taxis. The drop off facility is laid out to minimize the distance that passengers need to travel between taxis and buses and the main entrance gate to the hospital. Formal

traders' stands are located along the edge of the drop off facility such that passengers will pass them on the way to and from taxis/buses, thus maximising opportunities for informal trade and job creation for the local community. A covered walkway runs from Nguza Street to the main entrance gate along which disembarking and embarking passengers enter and make their way to the main entrance gate. Ablutions are provided for close to the main entrance gate.

The drop off facility has a separate vehicle access point from the hospital, minimising the potential for traffic congestion at the hospital entrance. Holding and Wash/Repair bays are located along the rear (northern) edge of the drop off facility. Parking for 20 cars (mainly for taxi owners) is also provided.

The boundary wall between the drop off facility and the neighbouring residential properties to the north is set into the site a distance of approximately 5 metres with a view to minimising noise disturbance to the neighbouring residents.

### 5.3.8 Helipad

An unobstructed Safety Area of 60 metres in diameter is provided around the helipad, located at the south-western corner of the main hospital building. Within the safety area is located a 35 metre diameter FATO (Final Approach and Take-Off) area level platform, with the main 15 metre diameter surfaced LLA (Landing and Lift-Off Area) located at its centre. Direct, unobstructed access is provided from the Helipad to the entrance to the Accident and Emergency department.

### 5.3.9 Loading Areas

- Main Loading Area

A large surfaced apron is provided at Level -1 at the rear (south-east) side of the main hospital building. This apron and the adjoining loading dock at the rear service corridor comprise the main loading area, providing a delivery and dispatch facility for the Laundry Depot, Kitchen, Central Stores, Workshop, Mortuary and Plant Space.

- Pharmacy Delivery Yard

The Pharmacy has its own dedicated walled delivery yard with loading dock within which delivery vehicles can be locked during delivery of supplies.

### 5.3.10 Environmental Response/Energy efficiency

The building has been rotated away from the west aspect as far as the topography fill efficiently will allow, with a view to reducing the west heat load and air conditioning requirements. Other proposed features of the building aimed at increasing energy efficiency include:

- Angling of windows northwards
- Screens along east and west facing facades
- Central cores of ward blocks designed to act as cooling chimneys
- Hospital Street atrium to allow cross ventilation of building

Other options to be evaluated with a view to increasing environmental responsiveness and energy efficiency in the design of the Hospital include:

- Water consumption
- Use of materials from renewable sources.

## 5.4 Sports facilities

One of the conditions set out in the Deed of Sale between EMM and the DoH is the relocation of the existing sport facilities before any construction activities can be started on the relevant property<sup>1</sup>.

### 5.4.1 Existing sports facilities

A developed Sport and Recreation Public Park is situated on Erven 12390, which includes 3 Soccer Fields, 1 Cricket Field, 2 Combi Courts and Cricket Practicing Nets, and were developed at a cost of approximately R1.2m in 1996<sup>1</sup>. The community utilises these facilities extensively. The relocation of these facilities is of utmost importance for the success and acceptance of the new hospital by the community and is therefore a requirement in the Deed of Sale between EMM and the DoH.

The piece of land immediately adjacent to the proposed new hospital has been identified for the relocation of the sports facilities.

### 5.4.2 Proposed new sports facility

#### *Site*

The sport facilities are proposed to be re-located to the site (Erf 10557 and 10558) on the eastern side of Ukufika Road as shown in **Figure 5.4.2**.

- The site is presently an un-developed open area.
- There is an existing clinic on south/east corner of site which may be demolished.
- The site is surrounded on 3 sides by roads.
- It has a residential zone adjoining the site to the south side.
- The site is not fenced at present.

#### *Access*

Access will be provided from:

- Ukufika Street
- Morena Street

#### *Proposed Facilities*

- Two Soccer Fields:
  - First Field, designed to allow for doubling as a cricket oval
  - Second Field, providing additional space for future development of athletic tracks
- Two Combi Courts
- Two Cricket practicing nets
- Palisade Fencing on Western, Northern and Eastern Sides
- Pedestrian spine
- Nets on both sides of second soccer field
- 3 On-Site grass parking areas
- Two watering points (North / South)
- Levelling / Securing of the 'un-developed' areas



Figure 5.4.2

Proposed new sports facilities<sup>26</sup>

### 5.4.3 Design details

As per the outcomes of the Public Participation process (Section 4), the relocated Sports Fields provide for two cut and fill platforms aligned along the topographical contours of the eastern site, including:

- Two Soccer Fields:
  - The First Field, positioned at the northern end of the site, provides extendable space for a Cricket Oval.
  - The Second Field, positioned at the southern end of the site, has been designed under size, but with space allowed for doubling as an Athletics Track. This field will not have nets at the goal lines.
- Berms will be formed to the upper side of each field, which will provide an embankment on which spectators can gather.
- Two Combi Courts
 

These courts will be located on the same platform created for the first soccer/cricket field at west end of the site.
- Two Cricket Practicing Nets
 

These cricket practicing nets will be located adjacent to the Combi Courts on the north/west end of the site.
- Palisade Fencing on Western, Northern and Eastern Sides
 

The site will be fenced with a 2 metre high steel palisade fence on three sides and the fence on the south side is still to be determined as it joins onto the residential zone of the site. It is proposed that this south side also be fenced-off with palisade fencing, but erected, one and a half meters away from the residential perimeter, thus creating an access route between the residential and sports fields zones.
- Pedestrian spine
 

A central pedestrian spine from the gate at corner of Ukufika and Ikhaneli Streets runs down past the upper field and Combi Courts to the lower field, including ramps for wheelchair access at each change of level. The paths will also lead into each parking area
- Nets on both sides of first soccer field
 

Two, 5 metre high fences, are to be provided along the goal lines of the first soccer/cricket field (one fence per goal line) to prevent footballs from leaving the site.
- Three On-Site grass parking areas
 

There will be 3 separate parking lots provided:

  - One lot at the north corner of the site providing 86 parking bays
  - One lot at the south/east corner of the site for 159 cars
  - One lot at the south/west corner of the site for 51 cars,

Providing a total of 296 parking bays. Each parking lot will have its own gate onto an access road.
- Two watering points (North / South)
 

Two watering points will be provided to the site, one situated at each field, the final positions to be determined together with Bulk Services Engineer.
- Levelling/Securing of the 'undeveloped' areas
 

Most of the site will be utilized, but the undeveloped areas will be levelled and secured accordingly.



## 5.5 Bulk services

Lebone Engineers together with Mpumeleo Engineers were appointed by the DPTRW of the Gauteng Provincial Government to investigate the provision of electrical services to the proposed new Natalspruit Hospital. Kwezi V3 Engineers were appointed to investigate the provision of bulk civil engineering services (sewer, water and stormwater) and access to the proposed new Natalspruit Hospital<sup>27</sup>.

### 5.5.1 Existing Services

**Figure 5.5.1** details the existing sewer, water and Stormwater services in the vicinity of the proposed site.

- **Electricity**  
The electrical supply authority to the area is Eskom. Upon consultation with the Supply Authority it was confirmed that no capacity is available for the new development in the area.
- **Sewer**  
The existing sewer network, directly downstream of Erf 12390, was designed to accommodate only residential sewage flow and will not be able to take the additional flow from the hospital. The internal network drains into the Brakfontein / Boksburg 1350mm diameter outfall sewer, situated approximately 1 200m to the south of the site. Sufficient capacity exists in this outfall sewer to accommodate the hospital.  
  
The outfall sewer drains to the Vlakplaas sewage treatment works. An emergency overflow pipe has been installed to divert excess flow to the Waterfall treatment works, which is currently being enlarged. Sufficient capacity is therefore available to accommodate the hospital<sup>21</sup>.
- **Water**  
The existing 110 mm diameter water main in Ukufika Street will not be able to supply water to the hospital, as it was designed to only supply the residential stands in the immediate vicinity.  
  
Two water zones exist in the vicinity: a reservoir zone and a water tower zone. Operational problems currently cause the water tower to run dry on a regular basis. Water is then pumped directly into the system and not via the water tower. The EMM has appointed consulting engineers to investigate and solve this problem. It is foreseen that the situation would be normalized before the proposed hospital becomes operational.  
  
A 600mm water main located in Sam Sekoati Avenue, would be able to provide water to the hospital. This pipe forms part of the reservoir zone and will be able to deliver water to the site at a residual pressure of approximately 7 to 10m.  
  
A 250 mm diameter water main located in Seinoli Street would also be able to provide water to the hospital. This pipe is part of the tower zone and would be able to deliver water at a residual pressure of  $\pm 35$ m.
- **Stormwater**  
A 525mm diameter pipe discharges stormwater onto Erf no. 12390 from the north eastern side (Nguza Street). A 600mm diameter pipe is present in Ukufika Street on the western side of Erf 12390. A 450mm diameter stormwater pipe has been installed on the western side of Erf numbers 10557 and 10558, in Morena Street<sup>21</sup>.

Erf no 12390 was zoned as Public Open Space when the original stormwater design was done. The existing pipe systems do not have sufficient capacity to accommodate the expected increased runoff from the proposed hospital.

- Access

Access to the site will be provided from Nguza Street as per the recommendations of the traffic impact assessment.

### 5.5.3 Proposed New Services

- Electricity

The electricity supply required by the hospital will consist of a permanent supply by means of a high voltage sub-station located on the property and standby power by means of a generator.

- High Voltage Sub-Station

In order to supply sufficient power for the new hospital, new feeders will be required to be installed to supply the site. The new feeders will be rated at 88kV.

The substation will be located at one of the corners of the hospital site and the overhead feeder lines to and from the substation will preferably not cross over the Hospital property.

The initial load estimate for the hospital development was 12 MVA for all electrical loads including boiler loads for heating and steam generation.

- Standby Power (Generator)

With the anticipated load of the Hospital facility the standby power generation will be undertaken for the main power supply. The generators will be housed in sound attenuated rooms inside the main electrical building housing the transformers and switchgear. The height of the exhaust for the generators will be 3m higher than the height of the building (+/- 18m), therefore the exhaust will be 21m high. The impact of this height has been taken into consideration during the visual impact assessment for the site.

The design and incorporation of the main standby power distribution board will be incorporated in the design of the main distribution boards.

The philosophy will be to provide a transformer and generator combination working together with the possibility of inter connecting the supply groups to supply critical areas with constant power.

The standby power generation will be designed to provide the main Hospital with sufficient capacity to remain operational at all times.

The water heating systems and the compressors for the non-essential air conditioning plant will be switched off during emergency supply conditions.

Bulk fuel storage will be provided on site to ensure continuous operation of the generators in the event of a power failure for at least 96 hours. This will require a minimum of 80 000 litres of diesel fuel. It is anticipated that bulk fuel will be stored in two 48 000 litre bulk fuel tanks in underground bulk fuel bunkers.

- Sewer

A new 160mm diameter sewer is proposed from the south western corner of Erf 12390 in southerly direction along Ukufika Street, then west into Ukusaka Street, then south into Umkhamba Street. This line is then to be connected to the

Brakpan/Boksburg outfall sewer in Umkomiso Street, a total length of approximately 1 200m<sup>27</sup>.

- **Water**

It is proposed that a new 200mm diameter pipe be installed from the existing 250mm diameter pipe on the corner of Sithohemela and Seinoli Streets up to the northwestern corner of erf 12390, a total length of 600m. The pipe is to be installed within the existing road reserves. This route is  $\pm$  600m shorter than the other route and the residual pressure is  $\pm$  15m higher.

The approximate residual pressure at this point (at 1573 masl) will be 35m. This is not sufficient for a four storey building on the site. It is proposed that a reservoir be constructed on site to provide emergency storage (48 hours average annual daily demand) as well as storage for fire flow. Booster pumps (one operational and one standby) are to be installed downstream of this reservoir to provide the required water pressure. A 1,5Ml reservoir (600Kl plus 900Kl for fire flow) is proposed at this stage. The 600Kl reservoir capacity is based on demand of 300l/bed/day. A separate pump set is proposed downstream of the reservoir for fire fighting purposes.

- **Stormwater**

The existing stormwater system will have to be upgraded to accommodate the expected increase in stormwater runoff from Erf 12390. It is proposed that the existing 525 mm diameter pipe currently discharging onto erf 12390 from the north eastern side, be diverted north eastwards along Nguza Street and then southwards along Umzukuza Street, to discharge into the existing stormwater canal west of Umzukuza Street, refer to **Figure 5.5.3**.

The total length of the deviation is 700m. With the flow from this pipe onto erf 12390 diverted, the existing stormwater system (600mm diameter pipe) in Ukufika Street will be able to cope with the runoff from the new hospital development. The existing stormwater system in Morena Street will be able to accommodate the stormwater runoff from erven 10557 and 10558<sup>27</sup>.

- **External Roads**

A traffic impact study for the proposed hospital has been undertaken by Stewart Scott International<sup>20</sup>, the results of which are the recommendation for the construction of a traffic circle in Nguza Street at the entrance to the hospital, as well as at the intersection of Nguza Street and Umzukuza Street.



Figure 5.5.3

Stormwater upgrade layout<sup>27</sup>

## 5.6 Waste management plan

A Waste Management Plan was compiled during the design phase by J&W in February 2006<sup>4</sup>. Below is a summary of the plan.

### 5.6.1 Legal requirements

The management of healthcare waste in the Gauteng Province is regulated through the Gauteng Health Care Waste Management Regulations that were promulgated in terms of section 24(c) of the Environment Conservation Act, 1989 (Act 73 of 1989) in GN3035 of 2004<sup>28</sup>. These regulations address the generation, transport, transfer and treatment of healthcare waste within the Province. In terms of these Regulations, large scale generators should compile a waste management plan for submission to GDACE. It is therefore expected that the waste management plan for the existing Natalspruit hospital will be adapted for the NNH.

Radioactive waste is addressed by the National Nuclear Regulator Act, 1999 (Act 47 of 1999)<sup>29</sup>.

### 5.6.2 Types of waste generated

The healthcare waste stream that will be generated from the NNH is divided into health care general waste (HCGW) and health care risk waste (HCRW). Part of the healthcare risk waste stream is radioactive waste. Waste is also expected from the service areas such as the kitchen laundry and workshop within the hospital as discussed below.

- Health care general waste

HCGW is the non-hazardous component of the HCW stream and is generated in the administrative and housekeeping function of a hospital, as well as by the patients and visitors to the hospital. It includes the following:

- Office waste: Paper, spent cartridges, electronic waste etc.
- Packaging material: e.g. cardboard boxes, plastic bags, clean packaging from needles and syringes.
- Kitchen/food waste: Organic waste and packaging material originating from the kitchen.
- Garden waste: Organic waste from gardening activities.
- Building & demolition waste: Builder's rubble from construction activities.
- Other: Waste generated by patients and visitors (not related to medical care) that is similar to household waste, e.g. cans, food packaging.

This waste stream is therefore similar to domestic waste and does not pose a risk to human health, however could pose an environment risk is not properly managed.

- Health care risk waste

HCRW is the hazardous waste component of HCW and could potentially result in environmental, health and safety risks if not managed properly. It includes the following:

- Infectious waste: Waste that is likely to contain pathogenic micro-organisms.
- Pathological waste: Waste consisting of body components.
- Sharps: Objects that are sharp and have the potential to cause injury and could also result in infection.



- Chemical waste: Discarded chemicals, including pharmaceuticals.
- Radioactive waste: Solid, liquid and gaseous waste that is contaminated with radionuclides.

The waste that is expected to be generated from the various facilities of the NNH is therefore as follows:

- Inpatient Department: Infectious and pathological waste, sharps, chemical and radio active waste, as well as general waste such as packaging material and paper.
- Outpatient Department & Gateway Clinic: Infectious and pathological waste, sharps, chemical and radio active waste, as well as general waste such as packaging material and paper.
- Services:
  - Administration General waste
  - Catering Food waste
  - Stores Limited general waste
  - Pharmacy Redundant pharmaceuticals, packaging material
  - Security Limited general waste
  - Workshop Oily waste (used oil, oil contaminated rags, oil and water mixtures), tyres etc.
  - Laundry Limited rinse water
  - Cleaning Wash water

### 5.6.3 Expected volume of waste

Although accurate information on the waste volumes generated at the existing Natalspruit Hospital could not be obtained from the Gauteng Department of Health, a study by the Gauteng Provincial Government in 2000 indicated that the mass of HCRW in Gauteng public hospitals range between 0,23 - 2,43 kg/patient/day<sup>30</sup>. Assuming a 100% occupancy rate, this implies that approximately 171 – 1 808 kg of HCRW will be generated within the NNH per day. It should however be noted that significant efforts have been made since the study by GDACE in 2000 to improve waste segregation in public hospitals and HCW management overall, and therefore it is expected that the upper limit mentioned above represents a conservative estimate at present.

However, this does not take into account the number of outpatients treated in the Out patients Department and Gateway Clinic.

Factors that will impact on future HCRW generation will be:

- Population growth rate (the higher the growth rate in the area the more waste could be expected),
- HIV/AIDS (although this will reduce the population growth rate, a higher incidence of HIV/AIDS could result in an increase in HCRW generation due to the fact that more patients would require treatment),
- Improved HCW segregation at source could result in a decrease of the amount of HCRW that needs treatment,
- The use of disposal containers and products could increase the size of the waste stream.

#### 5.6.4 Waste management plan

A detailed waste management plan will be developed for the NNH as required in terms of section 12 of the Gauteng HCW Regulations<sup>31</sup>. It is expected that the waste management plan of the existing Natalspruit Hospital will be used as the basis and will be adapted as required for the NNH.

- **Waste segregation**

HCRW and HCGW will be segregated at the point of generation (i.e. in the wards, theatres, consulting rooms and treatment units) to limit the volume of HCRW that requires treatment and disposal. This will be done by the provision of colour-coded bags in all wards and departments: red bags will be used for the disposal of HCRW and black bags for the disposal of HCGW. These bags will be placed in stainless steel containers in the wards and departments. Puncture proof containers will be provided for the disposal of sharps and suitable containers for the disposal of pathological waste as required. The requirements in the Gauteng HCW Regulations are as follows:

- Plastic bags with a capacity of 60 litres or more, should be at least 80 microns thick.
- Plastic bags with a capacity of less than 60 litres, should be at least 60 microns thick.
- Plastic bags that are used as a liner in re-usable containers (and which are not removed from the container at any time, except for the purposes of treatment), should be at least 40 microns thick.
- Plastic bags used as a smaller intermediate barrier and that is subsequently placed in a container or further plastic bag, should be at least 40 microns thick.
- Containers for pathological waste should be able to withstand the low temperatures at which it will be stored and lids of these containers should be provided with an airtight seal to prevent emissions.
- Containers used for sharps should be puncture proof and the lids should be secured in such a way that they cannot be re-opened once closed.
- **Waste minimisation and recycling**

Measures will be put in place to minimise the amount of HCW generated as far as possible. Recyclable waste such as cardboard, paper and plastic will be removed from the waste stream requiring disposal and stored separately and removed to the central storage facility. From here it will be removed by a contractor to an appropriate recycling facility. The recycling of cardboard is currently practiced at the existing Natalspruit Hospital and will continue at the NNH. The recycling of glass bottles and plastic is in an experimental phase and the feasibility of this will determine the level of recycling of these materials at the NNH.

- **Internal transport and storage**
- **Healthcare risk waste**

- HCRW bags will be removed from the wards and Departments as soon as it becomes full. The full HCRW bags will be sealed and removed from the stainless steel containers to the sluice room, where it will be placed into a thicker red bag. Sealed HCRW bags and filled sharps containers will be collected from the sluice room and placed in a red trolley. The red trolleys for HCRW will be locked once they have been filled to capacity. From the sluice room, the trolleys will be taken to a central storage area located in the Service Corridor on the ground level of the hospital. The removal of HCRW from the wards and Departments in this manner will be a continuous process.

- Pathological waste will be collected in suitable containers and transported to the mortuary (or alternatively to a cold-holding area next to the HCRW storage area).
- The central storage areas will be equipped with a scale to determine the mass of HCRW and each trolley will be assigned a unique number to enable the waste to be tracked through the storage, transport, treatment and disposal cycle.
- The HCRW storage area will be locked and clearly marked with appropriate warning signs. The storage area will be maintained to prevent entry of animals and unauthorized persons from entering.
- The third party contractor will remove full HCRW containers from the central storage area and transport them to the treatment facility on a daily basis. In terms of the Gauteng HCW Regulations, storage of up to 30 days from the date of generation is allowed, but HCRW should be treated within 72 hours after it has been collected from the hospital.
- Clean, disinfected containers will be provided by the contractor and will be used to collect HCRW from the sluice rooms.
- Health care general waste
  - HCGW black bags will be removed from the wards and Departments when the bags become full and placed in the sluice room separate from the HCRW. The bags containing HCGW will be transported in black trolleys to a central storage area for general waste. This is likely to be skips from the EMM.
  - Skips will be removed by the EMM at least once a week according to their waste collection schedule or as waste volumes dictate.
  - Care will be taken to ensure that no HCRW is disposed of with the HCGW.
  - Pharmaceutical waste: Redundant pharmaceuticals will be returned to the pharmacy. The pharmacy will be responsible for the management of redundant pharmaceuticals and this will either entail returning the pharmaceuticals to the manufacturers or removal of the pharmaceuticals to an appropriate waste management facility by a waste management contractor. Redundant pharmaceuticals should not be allowed to enter the HCRW or HCGW streams.
  - Wash water from laundry: Limited rinsing and drying of contaminated linen will be done at the NNH. The bulk of the laundry will be done off-site and therefore the wash water from the laundry at the NNH is expected to be limited. This water will be disposed of directly into the sewerage system.
  - Waste from workshop. General waste from the workshop will be disposed of in black municipal bags to be removed by the Ekurhuleni Metropolitan Municipality on a weekly basis. Oily waste and oil contaminated rags should be collected and appropriately disposed of, based on the classification of the waste. Dirty oil or oil-water mixtures should be collected in appropriate leak-proof containers and removed by organizations such as the Rose Foundation for recycling.

- Waste from ambulance: A wash bay will also be provided for the ambulances. Wash water effluent will be disposed of directly into the sewerage system
- Waste from kitchen and cafeteria: Wet waste should be disposed of in appropriate containers and removed daily by the EMC to an appropriate disposal site.

#### 5.6.5 Health and Safety

The NNH will comply with all the provisions of the Occupational Health and Safety Act (Act 85 of 1993)<sup>32</sup> with regard to the management of waste. In addition, the provisions of the HCW regulations will also be adhered to. These include:

- Ensuring that personnel who will handle HCRW containers have adequate protective clothing, including protective gloves and overalls.
- Ensuring that HCRW is not removed from containers once it has been placed in the containers.
- Ensuring that re-usable containers are effectively disinfected before re-use.
- Ensuring that the containers used are suitable for the purpose and comply with the required standards.

#### 5.6.6 Responsibilities

In terms of the Gauteng HCW Regulations<sup>32</sup>, the NNH as the generator of the waste has to ensure that the HCW is managed according to the Regulations and has the following added responsibilities:

- Submit a waste management plan in terms of section 12 of the Regulations.
- Ensure that the party responsible for the transport of HCRW is authorized by GDACE to operate as a transporter.
- Ensure that the transporter transports HCRW to a permitted treatment facility.
- Obtain a tracking document from the transporter.
- Conduct ongoing training and education programme regarding HCW management.
- Appoint a healthcare waste officer who will be responsible for the day-to-day monitoring and management of HCRW. This is likely to be part of the responsibilities of the infection control nurse.

Currently, the management of HCRW in Gauteng Provincial Hospitals is outsourced to a third party. The Gauteng Department of Health and GDACE are jointly responsible for the tendering process. Tenders are awarded at least every five years to three contractors who are responsible for the collection, transport and treatment within three Health Regions. This includes the provision of suitable containers.

### 5.7 **Design phase environmental and social impacts**

An assessment of the potential impacts during the design phase of the hospital and the adjacent sports facilities on the surrounding environment and adjacent land owners has been based on existing information and specialist studies.

### 5.7.1 Topography

The survey of the project area shows a fall of approximately 20 meters perpendicular across the NNH and proposed sports field locations.

Limited surface area availability on the site will require the hospital to be a multiple story construction.

#### *Mitigation Measures*

- Cut-and-fill will be required in order to level the site for construction.
- Fill material will need to be brought in.
- The building will be rotated away from the west aspect as far as the topography fill efficiently will allow, with a view to reducing the west heat load and air conditioning requirements.

### 5.7.2 Geology

An assessment for dolomite stability for the NNH was undertaken by J&W in June 2005<sup>5</sup>. The findings of the investigation showed that the site is underlain by a dolerite sill which is likely to be more than 30m thick which, in turn, overlies the dolomite.

There are, however, small areas at the south-western and south-eastern corners which may have a risk of sinkhole formation. This is due to the presence of chert and dolomite residuum and the proximity to the dolerite / dolomite contact (generally considered to be a high risk zone). Should a sinkhole or doline formation occur the significance of the impact would be HIGH.

The south-east corner of the site shows a significant drop in the gravity values. In view of the cracking which has occurred at the clinic, it should be assumed to have a high risk of dolomite related subsidence. The clinic has been closed since 1998 due to severe cracking of the internal walls (since repaired).

Although the bulk of the hospital site has a low dolomite risk, it must be noted that the surrounding residential area is classified as a high risk area. This will need to be taken into consideration for the construction of the bulk services.

The transported and residual dolerite layers are generally of poor quality and should not be used in the construction of roads nor engineered fill mattresses. Building material will therefore need to be brought in either from an existing borrow pit or, depending on the distance to nearest borrow pit area, a new borrow pit opened.

#### *Mitigation Measures*

The following mitigation measures need to be taken into consideration during the design phase of the hospital:

- Only parking bays will be constructed across the western section of the proposed hospital site, which includes the high risk south-western corner. No additional structures will be constructed on the high risk south-western corner.
- No development is proposed to be undertaken on the south-eastern corner of Erf 10557 and 10558 at the identified gravity low.
- The transported and residual dolerite layers will not be used in the construction of roads nor engineered fill mattresses.
- Surface and sub-surface drainage will be implemented to limit the uncontrolled flow of water in the surrounding area.



- Pressure tests need to be undertaken on all bulk service supply routes prior to commissioning.
- EMM need to undertake regular maintenance on the bulk service supply routes.

### 5.7.3 Soils

The naturally occurring Glenrosa Form soil profile in this area has been disturbed and as a result the effective rooting depth of the natural soil profile has been compromised due to a relatively shallow dolerite rock head<sup>6</sup>. Therefore no mitigation measure will be implemented during the construction phase.

### 5.7.4 Land Capability and Land Use

The dominant soil form encountered on site comprised the Glenrosa Form with isolated areas of soil forms tending towards a Hutton/Bainsvlei Form<sup>6</sup>. These soils classify as having an arable agricultural potential due to their sufficiently deep rooting depth and soil properties. However, due to the high clay content of the soils and the occurrence of numerous areas of fill within the western half of the site the land capability would be more suitable for grazing purposes. The soil classification and land capability study therefore classified the land capability of the study area to be grazing.

No mitigation measures will be implemented as the site is only approximately 12 ha in size and therefore the use of the site for commercial grazing will not be economical.

### 5.7.5 Biodiversity

The proposed hospital is regionally located within the Rocky Highveld Grassland vegetation type (grassland that is poorly conserved)<sup>10</sup>. However, the area where the site is located is largely transformed through landscaping for soccer fields and netball courts. Therefore minimal floral and faunal species diversity occurs on site. According to C-Plan 2<sup>13</sup>, Irreplaceable sites are located to the south of the site along the Rietspruit River (approximately 2 km south of the development). No Irreplaceable or important sites have been identified in the vicinity of the proposed hospital site.

Faunal and floral diversity is largely dependant on habitat structure and disturbance. The more that habitats are fragmented or lost, the larger the impact on species diversity. Construction of the hospital and associated infrastructure will not largely contribute to habitat loss and fragmentation as the area surrounding the site is highly transformed through residential complexes.

#### *Mitigation Measures*

The design of the NNH will include landscaping within the boundaries of the site with indigenous highveld species.

### 5.7.6 Water Resources

Impact on surface water and groundwater could result from construction of the Eskom sub-station, the wash bays and the diesel tanks.

#### *Mitigation Measures*

Mitigation measures during the design phase will include the following:

- A concrete lining and bunding around the sub-station to prevent the contamination of surface and groundwater by oil leakage.

- Bulk fuel bunkers will be constructed underground to store the diesel tanks. This will prevent the contamination of groundwater by diesel leakage.
- Wash bays will be provided for the ambulances and taxis. Wash water effluent will be disposed of directly into the sewerage system, via grease traps.
- The existing stormwater system will be upgraded to accommodate the expected increase in stormwater runoff from Erf 12390. Stormwater management is addressed under Section 5 – Bulk services.
- Silt traps to be constructed where the stormwater leaves the site.

#### 5.7.7 Air Quality

The generation of radon gas will need to be taken into consideration when identifying the location for the sub-station. Particular attention will need to be made to the location of any residual dwellings or the proposed hospital wards.

#### 5.7.8 Noise

As the new hospital will be located within highly developed area it is anticipated that the increased noise levels as a result of the construction and operation of the hospital will impact on the surrounding land owners. The noise impacts will include increased traffic levels as well as activities directly associated with the hospital.

##### *Mitigation Measures*

The western side of the site Nguza road will be protected, by placing non-sensitive activities in building facades facing onto this western boundary. The main access to the hospital will be off Nguza Road directly opposite vacant land which will minimise traffic noise impacts on surrounding residents.

#### 5.7.9 Traffic

##### *Impact in terms of traffic generation and access*

In terms of traffic generation, there is currently little data available on the trip generation characteristics of regional hospitals in South Africa. In order to quantify these characteristics, a hospital of similar size that offers similar facilities was identified and manual surveys of vehicular and pedestrian movements during a typical day were conducted at the selected hospital. The total number of hospital-related vehicular trips recorded at this site during peak traffic periods was then combined with the existing traffic on the road network in the vicinity of the NNH in order to predict the future traffic situation there. The Leratong Hospital on the West Rand was considered as a suitable site for the representative surveys<sup>20</sup>.

- Peak hour trip generation

Various traffic surveys were undertaken at the Leratong Hospital on the West Rand in order to determine the traffic movements generated by that facility<sup>20</sup>. Based on these data the persons accessing the Leratong Hospital during the survey period were:

- Patients 25%
- Staff 45%
- Visitors 30%

- Trip assignment and distribution

An assessment was made of the proportions of future hospital-related traffic that would be likely to access the new hospital from the various sectors in Vosloorus and beyond. These proportions of future traffic were then assigned to the various access routes leading to the new hospital and are reflected on **Figure 5.7.9(a)** as percentages of the total generated traffic.

- Predicted future traffic

The NNH is considered to have similar trip generating characteristics to that of the existing Leratong Hospital. These trips were assigned to the various roads in the vicinity of the proposed new hospital in the proportions indicated in Figure 6.2.9(a).

The assigned traffic is indicated on **Figures 5.7.9(b)** and **(c)** for the morning and afternoon peak periods respectively. **Figures 5.7.9(d)** and **(e)** indicate the total future traffic on the road network based on year 2005 traffic but with the new hospital fully operational.

- Intersection capacity analysis

The following intersections were analysed for traffic capacity by SSI during the morning and afternoon peak traffic periods<sup>20</sup>:

- New Hospital Access
- Intersection of Nguza and Sam Sekoati
- Intersection of Nguza and Sithohimela
- Intersection of Sithohimela and Umzukuka

The proposed site and access selected for the new hospital will have good access to the external road network (via Sam Sekoati Road or the bridge over the N3 freeway) and also to all the sections of Vosloorus via the internal township arterial road network<sup>20</sup>.

There are existing sports fields that are used extensively by local residents on Erf 12390, which is the site of the new hospital development. It will be necessary to re-instate these sports facilities on Erven 10557 and 10558, which will be separated from the new hospital by Ukufika Road. The construction of the new sport facilities will also have an impact on the local traffic levels. The sports facilities will mostly be utilized by the local community, with majority of the people accessing the site by foot. Therefore the impact of the sports facilities on the traffic load is assessed as LOW in the long term.

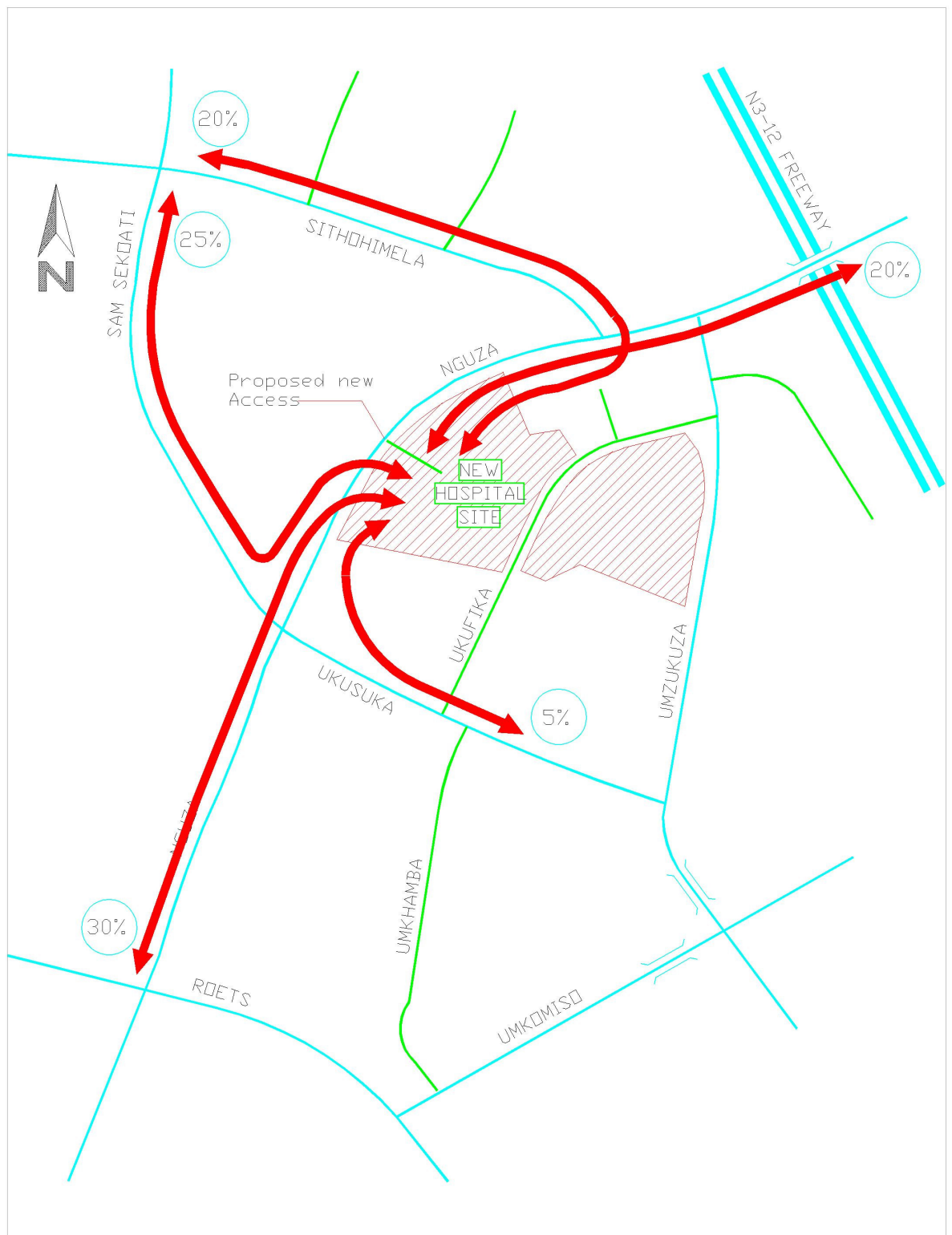


Figure 5.7.9(a) Predicted site traffic distribution<sup>20</sup>



**Figure 5.7.9(b) Site generated traffic – AM peak hour<sup>20</sup>**





Figure 5.7.9(c) Site generation traffic – PM peak hour<sup>20</sup>



Figure 5.7.9(d): Predicted future traffic – AM peak hour<sup>20</sup>

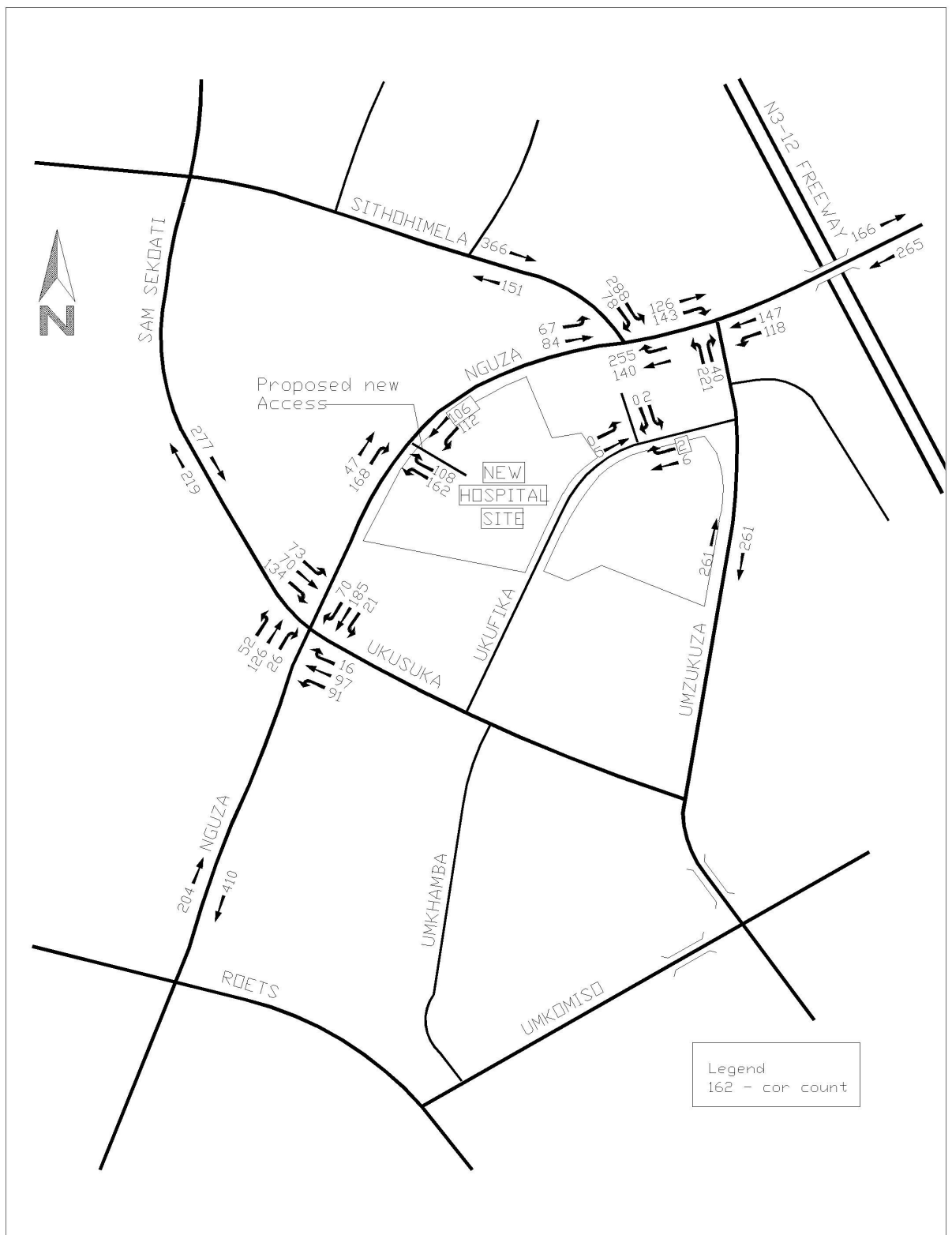


Figure 5.7.9(e)

Predicted future traffic – PM peak hour<sup>20</sup>

### *Impact in terms of emergency access*

The main access to the new hospital is planned to the north-west of the site on Nguza Road. The emergency access will also be via the main entrance, which could result in a MEDIUM impact if this entrance is blocked or obstructed.

Speed humps have been installed along the existing Sam Seloati Road in an attempt to control speeding along this route. It is likely that these measures were installed at the request of the local community, however this will have a MEDIUM negative impact on the access of emergency vehicles to the site.

Sam Seloati Road plays a major role in the access to the new hospital and there is concern that these speed restricting measures will have an adverse affect on the response times of ambulances and other emergency vehicles travelling to the new hospital<sup>20</sup>. Furthermore the speed humps will add to the discomfort of patients, some of whom may be critically injured, while being transported in ambulances.

### *Impact in terms of local intersections*

From the intersection capacity analysis all intersections with the exception of the intersection of Sithohimela and Umzokuka, which has stop control, will operate at satisfactory levels of service with the future traffic<sup>20</sup>.

There is a need to improve the level of service at the intersection of Sithohimela and Umzokuka.

### *Impact on pedestrians*

The safety of pedestrians accessing the new hospital is an extremely significant issue that requires special consideration. It is anticipated that a large number of patients, staff and visitors will access the new hospital by foot.

### *Mitigation Measures*

- Traffic generation and access

The sports facilities are used primarily by local residents and as such are not likely to generate a large amount of vehicular traffic in their vicinity. It is proposed that the access to the new sports fields should be obtained from Morena Road, which is adjacent to the eastern boundary of the site.

- Emergency access

It is proposed that an emergency access should be located to the north-east of the hospital site on Ukufika Road. Ukufika Road serves as a local road in the Vosloorus road network and it does not carry a significant amount of through traffic. It is used mainly by residents in the vicinity.

An access located in this position will permit convenient access to Nguza Road / Pelser Road via Umzokuka Road. This route will affect relatively few residential units and carries low traffic volumes at present.

The issue of the impact of speeds humps on the entrance for the emergency vehicles will have to be taken up with the local community leaders and consideration should be given to the selective removal of these devices or alternatively their reconstruction to a profile that is more suitable for the use of ambulances and emergency vehicles.

- Local intersections

It is proposed that a traffic circle be constructed at the intersection of Sithohimela and Umzokuka in order to accommodate the future traffic demand.

- Pedestrians

Where possible on site drop-off points for pedestrians should be situated within the hospital confines thereby eliminating the need for these people to cross the adjacent Nguza Road in order to access the hospital.

It is therefore proposed that properly demarcated pedestrian crossings should be provided on Nguza Road in the vicinity of the proposed hospital entrance. The pedestrian crossings must include the correct road marking and road signage in accordance with the latest version of the South African Road Traffic Signs Manual (SARTSM)<sup>15</sup>.

#### 5.7.10 Heritage Resources

Matakoma Heritage Consultants undertook an Archaeological Assessment in December 2005 at the proposed site<sup>21</sup>. During the survey no archaeological or historical sites were found in the proposed development area and therefore the designs will not be impacted on by the location of historical sites.

#### 6.2.11 Visual

An adverse visual impact occurs within public view when:

- An action perceptibly changes existing features of the physical environment so that they no longer appear to be characteristic of the subject locality or region;
- An action introduces new features to the physical environment that are perceptibly uncharacteristic of the region and/or locale; or
- Aesthetic features of the landscape become less visible (e.g., partially or totally blocked from view) or are removed.

Due to the size of the construction of the hospital resulting in a multiple storey building a high visual impact is inevitable.

##### *Mitigation Measures*

The following mitigation measures during the design phase will lessen (though not eliminate) the unfavourable visual impact of the development within the viewshed:

- Reduce structure heights as far as practically possible.
- Improve or provide visually appealing landscaped areas (gardens) within and along the borders of the proposed hospital (reduce the effect of parking area by planting street trees).
- Ensure that the design and external finishing's 'fit in' with surrounding developments. i.e. prevent the construction of a solid glass building.

#### 5.7.12 Socio-economic

Additional pressure will be exerted on the existing infrastructure as a result of the construction of new Hospital. This includes pressure on the existing bulk services (addressed in Section 4.4) as well as increased traffic loads (addressed in Section 5.7.9) in the Vosloorus Extension 14 township.

##### *Mitigation Measures*

Upgrading of a number of the local intersections will be undertaken during the construction phase. As the existing local bulk services for water, sewage and stormwater



is insufficient to handle the new hospitals capacity the local bulk services will be upgraded.

## **6. CONSTRUCTION AND OPERATION PHASE**

### **6.1 Introduction**

An assessment of the potential impacts during the construction and operation of the hospital and the adjacent sports facilities on the surrounding environment and adjacent land owners has been based on existing information and specialist studies. The potential impacts for the construction phase have been minimised as a result of the design phase. Impacts associated with the closure of the hospital have not been discussed in this report as no closure date is anticipated for the facility.

The significance of an impact can be described as:

- **LOW:** Where it will have no or negligible influence on the need for mitigatory requirements and will therefore not have an influence on the decision to go ahead with the project.
- **MEDIUM:** Where it could have an influence on the decision, unless mitigated.
- **HIGH:** Where it will definitely need specific or comprehensive mitigatory requirements and will influence the decision to go ahead with the project.

### **6.2 Construction and operation phase environmental and social impacts**

#### **6.2.1 Topography**

The original topography of the area will be changed due to the construction and operational phases of the proposed NNH. Aspects that impact on the topography during the construction phase include:

- Construction vehicles, for example cranes.
- Bulk storage of material.
- Infrastructure.
- Terracing of land for the construction of the hospital and sports facilities. There is a general fall of the site of approximately 20m towards the south-east corner of the site and as a result cut-and-fill terracing will be used for construction of both the new hospital and new sports fields.
- Elevated berms for seating alongside one of the soccer fields.

Aspects that impact on the topography during the operational phase include:

- Hospital infrastructure (4 stories high).
- Terracing of land for the construction of the hospital and sports facilities.
- Elevated berms for seating alongside one of the soccer fields.

Visual aspects related to the change in topography are discussed in Section 6.2.11.

Surface subsidence due to sinkhole or doline formations could result in a change in topography. The risk of sinkhole or doline formations is discussed in detail in Section 6.2.2 – Geology.

#### *Mitigation Measures*

- The terraced areas surrounding the hospital infrastructure will be landscaped.
- The berms created for spectator seating will be grassed.

### 6.2.2 Geology

An assessment for dolomite stability for the NNH was undertaken by J&W in June 2005<sup>5</sup>. The findings of the investigation showed that the site is underlain by a dolerite sill which is likely to be more than 30m thick which, in turn, overlies the dolomite. The risk of sinkhole or doline formation is therefore considered to be LOW.

#### *Mitigation Measures*

No further mitigation measures have been identified during the construction phase.

### 6.2.3 Soils

The naturally occurring Glenrosa Form soil profile in this area has been disturbed and as a result the effective rooting depth of the natural soil profile has been compromised due to a relatively shallow dolerite rock head<sup>6</sup>.

Construction of both the proposed new Hospital on Erf 12390 as well as the proposed new sport facilities on Erven 10577 and 10558 will require shaping of the land surface. There is a general fall of the site of approximately 20m towards the south-east corner of the site and as a result cut-and-fill terracing will be used for construction of both the new hospital and new sports fields. The cut-and-fill terracing, during the construction phase, will result in a disturbance of the soil and could result in erosion. The impact of erosion on the site will be of LOW significance.

Impacts on the soil quality during the construction and operation of the site will include the potential leakage of oil from the Eskom sub-station and the leakage of diesel from the underground fuel storage areas. The significance of the impact on the proposed hospital site is assessed as MEDIUM, however, localised to the site only.

#### *Mitigation Measures*

- To minimise erosion, all terraces will be vegetated as soon as the construction is complete.
- A concrete slab and bunding will be constructed around the sub-station to prevent the contamination of surrounding soils by oil leakage.
- Bulk fuel bunkers will be constructed to store the underground diesel tanks.
- Regular inspection and maintenance will be undertaken for both the sub-station and the diesel storage area.

### 6.2.4 Land Capability and Land Use

The significance on the loss of grazing land is considered to be MEDIUM. The loss of land capability can also be considered to be a regional impact due to the cumulative impact of development in the area, the loss of the 12ha is still assessed as having a MEDIUM significance, although this is subjective as the impact has not been quantified in this study.

#### *Mitigation Measures*

No mitigation measures will be implemented as the site is only approximately 12 ha in size and therefore the use of the site for commercial grazing will not be economical.

### 6.2.5 Biodiversity

Major impacts during the construction activities include:

- Loss of disturbed grassland to make way for alternative sports facilities

- Increase in alien faunal species within and surrounding construction camp
- Loss in breeding ground for avifaunal species such as Blacksmith Lapwing and Crowned Lapwing.

Major impacts during the operational activities include:

- Increase in alien faunal species due to urbanization
- Increase in urban avifaunal species due to site landscaping
- Possible increase in alien weedy floral species along road verges (if not managed).

### *Mitigation Measures*

The following general mitigation measures should be implemented:

- Control the spread of alien and invader plant species along perimeter and road verges surrounding the hospital
- Undertake training and awareness programmes with regard to the protection of natural systems and the importance of biodiversity, with all staff and contractors
- Construction materials should, wherever possible, be sourced from areas that are free of alien plants in order to avoid the spread of alien species
- The use of herbicides and pesticides within the landscaped areas should be limited as far as possible

### 6.2.6 Water Resources

The following impacts, on surface and groundwater, are anticipated during the construction and operational phase:

- Surface water
  - As the site is located approximately 2.5km from the closest surface water resource, the impact on the water resources is assessed as being LOW
  - An Eskom sub-station will be constructed on the hospital site to provide electricity to the new hospital. The potential leakage of oil from the Eskom sub-station could impact on surface water quality both during construction and operation
  - Washing of ambulances and taxis will take place on the new hospital site. This will result in run-off of contaminated water
  - As a result of the increased paved surface area, stormwater run-off will increase in both volume and peak flow rates.
  - An increase in suspended solids due to the construction activities.
- Groundwater
  - Seepage from a possible perched water table was identified during the geotechnical assessment. During excavation of the basement groundwater will seep into the workings, and as a result the groundwater quality could be impacted upon.
  - Two diesel storage areas will be constructed underground at the new hospital site. The potential leakage of diesel from the underground fuel storage areas could impact on groundwater quality
  - The potential leakage of oil from the Eskom sub-station could impact on groundwater quality.

### *Mitigation Measures*

Mitigation measures will include the following:

- Regular inspection and maintenance will be undertaken for both the sub-station and the diesel storage area.
- During the construction of the hospital foundations, the groundwater seepage will need to be pumped out. This will result in a negligible loss of groundwater.

#### 6.2.7 Air Quality

During construction the following impacts are expected:

- Dust will be generated by the movement of construction vehicles during bulk earthworks
- The removal of vegetation will expose the soil and result in increased dust levels
- The increase in the number of vehicles during construction activities will result in increased levels of diesel emissions in the area
- The Eskom sub-station will generate radon gas within the immediate vicinity.

During operation the following impacts are expected:

- No incineration will take place on site.
- The Eskom sub-station will generate radon gas within the immediate vicinity.
- The four fold increase in traffic due to the operation of the hospital will impact on the air quality due to an increased level of exhaust emissions.

The impact of air quality during construction and operation is assessed as LOW.

#### *Mitigation Measures*

During the construction phase the following mitigation measures will be implemented:

- Dust suppression by means of surface wetting
- Vegetation will be planted once terraces have been sloped both at the hospital site and sports fields
- The generation of radon gas will need to be taken into consideration when identifying the location for the sub-station. Particular attention will need to be made to the location of any residual dwellings or the proposed hospital wards.

During the operational phase the following mitigation measures will be implemented:

- Open areas around the new hospital building will be vegetated.
- The new sports facilities site, excluding the combination courts, will be grassed.
- The new sports facilities site will be managed by EMM

#### 6.2.8 Noise

Predicted general impact of noise from the development:

- Construction phase

The noise impact during construction is assessed as MEDIUM with it being variable in times of occurrences, duration and level. Construction noise impacts include, but are not limited to the following:

- Sub-station
- Construction equipment
- Construction vehicles, i.e. reverse hooters



- Construction personnel
- Operational Phase
  - Operational activities. Typical noise levels at the boundary from a development such as this, are unlikely to exceed the recommended daytime value of 50 dB(A)<sup>13</sup>, which is less than the current value due to current local road traffic, overflying aircraft and traffic on the N3. The daytime impact of the proposed development on the neighbouring residential area is likely to be LOW. The night time impact in the absence of specifically noisy activities is likely to be LOW.
  - The overall impact of the on-site operation of the hospital development on the existing noise climate, is assessed as LOW both at daytime and night-time.
  - Traffic activities. The main access point to the complex is planned to be off Nguza road, which will therefore experience a significant increase in traffic according to the traffic impact study, discussed in Section 6.2.9. The traffic impact assessment showed that the addition of the hospital access traffic to Nguza road will increase the total traffic volume approximately fourfold. Emergency vehicles, including ambulances and helicopters will increase noise levels in the local area.
  - Calculations of the peak hour traffic noise for Nguza road show that this increase in traffic volume will produce an increase of just over 6 dB<sup>13</sup><sup>18</sup>. This impact is MEDIUM. Calculations for all other feeder roads in the area affected by traffic to the proposed hospital show an increase of less than 2dB.

### *Mitigation Measures*

The following mitigation measures are proposed to minimise the impact of noise during construction and operation:

- Maintenance of equipment and operational procedures: Proper design and maintenance of silencers on diesel-powered equipment, systematic maintenance of all forms of equipment, training of personnel to adhere to operational procedures that reduce the occurrence and magnitude of individual noisy events.
- Placement of material stockpiles: Where possible material stockpiles should be placed so as to protect the boundaries from noise from individual operations and especially from fixed plant, which for greatest effect should be placed directly behind them. In particular, the erection of suitable earth berms around fixed plant such as compressors can significantly reduce the noise by up to 15dB<sup>13</sup>.
- Equipment noise audits: Standardised noise measurements should be carried out on individual equipment at the delivery to site to construct a reference data-base and regular checks carried out to ensure that equipment is not deteriorating and to detect increases which could lead to increase in the noise impact over time and increased complaints.
- Environmental noise monitoring: Should be carried out at regular intervals to detect deviations from predicted noise levels and enable corrective measures to be taken where warranted.

**Table 6.2.8: Summary of major sources of noise associated with construction operations, and the possible remedial measures<sup>18</sup>**

Source	Remedial measures
Mobile equipment noise	Select vehicle routes carefully by means of internalising the roads Fit efficient silencers and enclose engine compartments Damp mechanical vibrations
Fixed plant noise	Reduce noise at source, damping acoustic treatment, etc. Isolate source by enclosure in acoustic building, room, etc. Carefully select fixed plant site for remoteness from sensitive areas Raise barriers or berms around noisy equipment

### 6.2.9 Traffic

If all designs

Pedestrian crossings mentioned in Section 5.7.9 should not initially be traffic signal controlled, due to the uncertainty in the actual number of pedestrians who will access the new hospital by foot. Once the pedestrian movements have stabilized after the new hospital has been operational for a period of several months, the situation regarding signalization of the pedestrian facilities should be re-assessed. A detailed traffic survey of pedestrian movements will be required for this assessment and a decision can be taken based on the methodology of the SARTSM.

If traffic signals are in fact required in terms of the SARTSM, consideration should be given to the use of isolated traffic signals that are equipped with solar panels for the electric power supply required for their operation.

If all traffic designs are implemented no further mitigation measures will be required during the construction and operational phase.

### 6.2.10 Heritage Resources

During the survey no archaeological or historical sites were found in the proposed development area. It is therefore anticipated that there will be NO IMPACT on heritage resources.

However, due to the nature of cultural remains that occur, in most cases, below surface, the possibility remains that some cultural remains may not have been discovered during the survey. Hence, mitigation measures need to be put in place should heritage resources be identified during the construction of the proposed hospital and sports facilities.

#### *Mitigation Measures*

The following mitigation measures are proposed for the construction phase of the hospital:

- An archaeologist should be appointed to monitor the construction of the hospital during the groundbreaking phase, to identify any subsurface cultural material in the area. This type of monitoring constitutes a watching brief.
- In the event that an area previously not included in an archaeological or cultural resources survey, is to be disturbed, the South African Heritage Resources Agency (SAHRA) needs to be contacted. An enquiry must be lodged with them into the necessity for a Heritage Impact Assessment.

- In the event that a heritage assessment is required it is advisable to utilise a qualified heritage practitioner preferably registered with the Cultural Resources Management Section (CRM) of the Association of Southern African Professional Archaeologists (ASAPA).
- It is advisable that an information section on cultural resources be included in the SHEQ training given to contractors and employees involved in surface earthmoving activities.
- In the event that a possible find is discovered during construction, all activities must be halted in the area of the discovery and a qualified archaeologist contacted.
- The archaeologist needs to evaluate the finds on site and make recommendations towards possible mitigation measures.
- If mitigation is necessary, an application for a rescue permit must be lodged with SAHRA.
- After mitigation an application must be lodged with SAHRA for a destruction permit. This application must be supported by the mitigation report generated during the rescue excavation. Only after the permit is issued may such a site be destroyed.
- In the watching brief, timeframes and schedules of actions between the company and the archaeologist must be agreed upon.
- In the event that human remains are uncovered or previously unknown graves are discovered a qualified archaeologist needs to be contacted and an evaluation of the finds made.
- If the remains are to be exhumed and relocated, the relocation procedures as accepted by SAHRA needs to be followed. This includes an extensive social consultation process.

#### 6.2.11 Visual

The construction process will cause a progressive disturbance at the site and along route to the site, including access routes and bulk services. The duration of construction will be limited to a maximum period of four years. The construction phase will include the following project components:

- Construction camp
- Material stockpiles;
- Earthworks and construction equipment (e.g cranes);
- Ablution facilities;
- Administrative facilities;
- Temporary unpaved access roads.

Vehicles, heavy equipment, facility components, and workers will be visible during site clearing, grading, substation construction, hospital structure erection, conductor stringing (for the sub-station), and site clean-up and restoration. Construction equipment and activities will be seen by viewers passing in close proximity to the site. View durations would vary from brief to extended depending on the construction phase.

During the operational phase of the hospital, visual elements will include:

- Permanent structures of the hospital, clinic and substation.
- Parking areas and helicopter pad;
- Border fencing; and the
- Hospital back-up generator, with exhaust (+/- 21m high)

Private vehicles, passenger vehicles, ambulances and helicopters will be utilizing the hospital around the clock (24 hour period). Viewers in close proximity to the hospital will be affected by the permanent structures as well as the ongoing activities of moving patients. Viewers will include recreationists on walks or at the sports facilities, motorists on roads, and nearby residents. View durations would vary as distance increases.

In summary the project would result in minimal change to existing landforms and vegetation, but would cause a MEDIUM-LOW degree of visual contrast with respect to the form and height of the structures. Overall visual contrast would be MEDIUM-LOW and, combined with the co-dominant prominence of the structures, results in a moderate impact severity rating. The resulting visual impact is rated unfavourable but not significant and is substantially less than what otherwise would occur, due to the landscape's absorption capabilities and screening provided by the bushclumps along some of the main vehicular routes, as well as the presence of adjacent development within Vosloorus.

#### *Mitigation Measures*

The following mitigation measures will lessen (though not eliminate) the unfavourable visual impact of the development within the viewshed:

- The construction phase should be kept to the shortest possible time as the site is immediately surrounded by highly sensitive visual receivers.
- Ensure that a well-organised construction management plan is in place to minimise any delays. A reduction of viewers reduces the visual impact severity, resulting in a lower visual impact.
- Keep the working area and construction camp neat, clean and organised;
- Improve or provide visually appealing landscaped areas (gardens) within and along the borders of the proposed hospital (reduce the effect of parking area by planting street trees).
- The location of a construction camp should be placed behind dense vegetation hessian or a dark green shade cloth screen in order to fully or partially hide the components.
- Rehabilitate all areas of disturbance created outside the footprint of the hospital.

#### 6.2.12 Socio-economic

The construction and operation will have a positive impact on the local community with the creation of a large number of jobs and as a result a boost of the local economy. A large ingress of people to the local area in search of work is anticipated. This could result in disputes between the local community members and the immigrants due to poaching of jobs. The increase of immigrants could also result in increased crime in the area.

The construction of the new hospital will improve access to medical facilities for the whole Kathorus regional.

#### *Mitigation Measures*

A CLO will be appointed prior to commencement of construction. The CLO will communicate between the project team, including the contractor, and the local community. The CLO will facilitate employment of local community members for both the construction of the hospital as well the new sports facilities, which will be very labour intensive.

A specified percentage of all construction work will be allocated to be undertaken by local community members.

Upgrading of a number of the local intersections will be undertaken during the construction phase. As the existing local bulk services for water, sewage and stormwater is insufficient to handle the new hospitals capacity the local bulk services will be upgraded.

All construction work of the bulk services will take place within existing road reserves within a built up area. The construction activities of the bulk services will cause temporary disruption of access to properties, as well as short disruptions to water services in certain instances (tie-in into the existing network).

Jobs can be created during the construction of bulk services by making use of labour intensive practices, like excavating and backfilling trenches by hand. Training in basic skills like plumbing, pipe laying and the construction of manholes can also take place during construction.

The sewer, water and stormwater services will be maintained by EMM during the operational phase. The electrical services will be maintained by Eskom.

#### 6.2.13 Interested and Affected Parties

All impacts associated with the I&AP's have been discussed in the sections above. Impacts will include, but not be limited to, the following:

- Increase in noise levels
- Increase in traffic volumes
- Increase in dust and vehicle emissions
- Increase in job opportunities in the area
- Influx of people to the area
- Visual impact
- Loss in agricultural land
- Close health care facilities.

### 6.3 **Environmental Management Plan**

An Environmental Management Plan (EMP) has been compiled for the design construction and operation phase of the NNH. The EMP summarises the environmental impacts and mitigation measures into a format that can be used by the on site project team during both the construction and the operation of the proposed hospital and adjacent sports facilities. The EMP includes the mitigation measures, the applicable timeframe for the mitigation measure and with whom the responsibility lies.

The EMP is included in *Appendix B*.



## 7. **DISCUSSION**

### 7.1 **Learning experiences**

As with all large projects environmental and social impacts are not considered to be of high priority. However with South Africa's excellent Environmental legislation and the shift in the general public's mind set towards environmental and social issues most projects, both large and small, are now including environmental and social consultants as part of the project team. Environmental legislation is now also resorting to punishment of illegal activities, meaning undertaking a project without addressing all the correct environmental processes, could result in fines of up to R5 million and/or 10 years imprisonment.

After completion of the site selection process and design phase, including all the environmental and social specialist studies, the author concludes that the project has contributed to the following fields:

#### *Consulting Engineers, Architects and Construction contractors*

- In the past the design consultants and construction contractors have not included environmental and social impacts as part of the design or even construction phase. It was felt that the environmental aspects of the project only slow the project down without contributing much towards it, expect approval enabling the project to proceed. During this process the design consultants and construction contractors have been made more aware of how a project can impact on social and environmental processes.
- The team is also more aware that environmental and social inputs can positively influence a project resulting in an improved project. This could possibly result in environmental and social issues being considered for future projects.
- Members of the project team consulted extensively with the environmental specialists with regards to a number of aspects of the design. This included, amongst other, discussions with the architects with regards to the hospital building design and entrance to the building, the Civil Engineers with regards to the placement of bulk services and Electrical Engineers with regards to the placement of the electrical substation and generator as well as the licensing of the substation.
- The Project Managers were also extensively involved in the environmental processes, which included discussions with the community. This assisted in elevating the importance of environmental and social issues within the project team.

#### *Community involvement*

- As the community were involved in the site selection and then extensively in the Environmental Impact Assessment process, which feed into the design, the community were more accepting of the new development, and possibly future developments. The community were consulted prior to the commencement of the design of both the hospital as well as the new sports facilities, and then once the preliminary designs had been compiled. The community could see that their input had been taken into consideration during the compilation of the designs and therefore were more accepting of the project once construction commenced.
- The involvement of the community therefore assisted in minimising negative impacts of the new hospital, both during the construction and operational phase, on the surrounding community.

- As pointed out to the community during the consultation phase a large number of the contractors used during the construction phase will be sourced from the local community. The public participation phase assisted in obtaining details of interested members of the community for employments during the construction phase. The CLO was also sourced from the local community to assist in liaising with the community through the construction phase.

#### *Environmental impacts*

- All aspects from the environmental and social studies were communicated with the design team to be included in the designs of both the new hospital as well as the new sports facilities. This ultimately resulted in the construction of the hospital and sports facilities having a limited negative impact on the environment of the site and surrounding areas.

#### *Academics and research*

- The Environmental Impact Assessment Report, which included all the above mentioned environmental and social studies was submitted to the Gauteng Department of Agriculture, Conservation and Environment (GDACE). This report is then filed at their offices and can be used for future reference.
- The Council for Geoscience currently has a database of all proposed or constructed infrastructure in dolomitic areas. All information from the geotechnical investigations that were undertaken as part of this process was distributed to the Council for Geoscience for inclusion into their database.

## **8. CONCLUSION**

To conclude addressing social and environment aspects as part of the site selection, design and construction of the new Natalspruit Hospital has resulted in the decrease in the negative impacts of the construction of the new Natalspruit Hospital on the environment and the surrounding community, improvement of the final design of the hospital based on input from the community and the environment as well as creating new opportunities for the local community.

The project has shown how the construction of the new Natalspruit Hospital has been improved by input from both social and environmental aspects during the site selection, design and construction phases. Results from both the public participation process and specialist studies were included into the detailed design of the new Natalspruit Hospital prior to construction. An Environmental Management Plan has been compiled and will be implemented during the construction phase.

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**APPENDIX A**  
**PUBLIC PARTICIPATION**



## NEW NATALSPRUIT HOSPITAL



### AUTHORITIES BRIEFING MEETING

#### MINUTES FOR THE AUTHORITIES BRIEFING MEETING FOR THE PROPOSED NEW NATALSPRUIT HOSPITAL IN VOSLOORUS, GAUTENG

Held on 24 November 2005 at Jones & Wagener, Rivonia (11h00)

#### 1. ATTENDANCE

##### 1.1 Present:

Name	Organisation	Contact No.	E-mail
Johan Gouws	Gauteng Dept of Public Transport, Roads & Works (GDPTRW)	Cell: (082) 887 6725	<a href="mailto:johango@gpg.gov.za">johango@gpg.gov.za</a>
Alan Barnard	Gauteng Department of Health (GDoH)	Cell: (082) 774 4758	<a href="mailto:alanb@gpg.gov.za">alanb@gpg.gov.za</a>
Neels Dannhauser	GDoH	Cell: (082) 903 5886	<a href="mailto:chamanda@gpg.gov.za">chamanda@gpg.gov.za</a> ; <a href="mailto:neelsda@gpg.gov.za">neelsda@gpg.gov.za</a>
Malcolm Roods (MR)	Gauteng Department of Agriculture, Conservation and Environment (GDACE)	Tel: (011) 355 1264	<a href="mailto:Malcolm.roods@gauteng.gov.za">Malcolm.roods@gauteng.gov.za</a>
Eddie.L Buisset (EB)	Ekurhuleni Metro (EM) - Legal and Corporate	Tel: (011) 899 4171	
Susan Dowd	Ekurhuleni Metro - Legal and Corporate	Tel: (011) 899 4344	<a href="mailto:dowds@ekurhuleni.com">dowds@ekurhuleni.com</a>
Paul Gresse (PG)	Project Manager	Cell: (082) 474 0105	<a href="mailto:paulg@sitholesa.co.za">paulg@sitholesa.co.za</a>
Michael Monyokolo	Project Manager	Tel: (011) 838 4133	
Johan Valcke	BKS	Tel: (011) 481 0300	<a href="mailto:Johanv26@absamail.co.za">Johanv26@absamail.co.za</a>
Deon Van Onselen (DvO)	Osmond Lange Architects	Cell: (082) 808 0079	<a href="mailto:deonvanonselen@osmondlange.co.za">deonvanonselen@osmondlange.co.za</a>

NEW NATALSPRUIT HOSPITAL

Marius Kannenberg (MK)	Kwezi V3 Engineers	Tel: (011) 886 6696 Cell: (082) 651 4489	
Beth Candy (BC)	Jones & Wagener (J&W)	Tel: (011) 519-0297 Fax: (011) 519-0201	<a href="mailto:candy@jaws.co.za">candy@jaws.co.za</a>
Kathy Taggart (KT)	Natural Scientific Services (NSS)	Tel: (011) 787-7400 Fax: (011) 787-7407 Cell: (082) 448-1923	<a href="mailto:kathy@nss-sa.co.za">kathy@nss-sa.co.za</a>
Kerry Quinn	Natural Scientific Services (NSS)	Tel: (011) 787-7400 Fax: (011) 787-7407	<a href="mailto:kerry@nss-sa.co.za">kerry@nss-sa.co.za</a>

## 1.2 Absent

Thabo Ndlovu	GDAE (Sustainable Use of Environment)	Tel: (011) 355 1281	
Pirate Ncube	GDAE (Environmental Planning & Impact Assessment)	Tel: (011) 355 1953	
Laurens Swanepoel	Ekurhuleni Metro	Tel: (011) 961 9904	
Tebogo Chanda	Ekurhuleni Metro – Municipal infrastructure	Tel: (011) 874 6532	<a href="mailto:tchanda@ekurhuleni.com">tchanda@ekurhuleni.com</a>
Barend Deminy	Boksburg Town Planning- Roads, Transport & civil works	Tel: (011) 874 6757	<a href="mailto:barend@ekurhuleni.com">barend@ekurhuleni.com</a>

## 1.3 Apologies:

Joseph Manamela	Gauteng Dept of Public Transport, Roads & Works	Tel: (011) 355 2857 Fax: (011) 355 2727 Cell: (082) 561 5976	<a href="mailto:josephman@gpg.gov.za">josephman@gpg.gov.za</a>
Dr. S.T.Cornelius	Gauteng Department of Agriculture, Conservation and Environment	Tel: (011) 355 1920 Fax: (011) 333 0667	<a href="mailto:Steven.cornelius@gaute ng.gov.za">Steven.cornelius@gaute ng.gov.za</a>
Jan Steenkamp	Ekurhuleni Metro	Tel: (011) 899 4213	<a href="mailto:isteenkamp@ekurhuleni.com">isteenkamp@ekurhuleni.com</a>
Carel van Zyl	BKS	Tel: (011) 481-0421 Fax: (011) 481-0308 Cell: (083) 225 0586	<a href="mailto:carelvz@bks.co.za">carelvz@bks.co.za</a>
Ephraim Matseba	Department of Water Affairs and Forestry	Tel: (012) 392 1371 Cell: (082) 809 5727	<a href="mailto:matsebai@dwaf.gov.za">matsebai@dwaf.gov.za</a>

(DWAF)

## 1.4 Distribution

The minutes are distributed to all of the above.

## 2. WELCOME & INTRODUCTION

Jones & Wagener (J&W) and Natural Scientific Services (NSS) welcomed all attendees and thanked them for attending the meeting on such short notice.

## 3. BACKGROUND INFORMATION

The existing Natalspruit Hospital was briefly introduced:

- Erected in 1959 in N-W corner of Vosloorus Township
- 870 beds (Level 1 & 2)
- 784 beds currently in use

The need for the new hospital was motivated:

- Geographic instability of the existing hospital – high risk dolomite area,
- Existing hospital listed as one of SA's five worst hospitals in 2005
- Need for additional health care in region

The site selection process began in 2002, with the relevant authorities Gauteng Department of Public transport, Roads and Works, Department of Health, Ekurhuleni Metro Municipality, Natalspruit Hospital and Community Representatives involved. Based on specified selection criteria, eight potential sites were selected, of which three were short listed.

Vosloorus (Erf 10557, 10558 & 12390) was selected as the preferred alternative due to the following:

- The distance to the existing hospital is approximately 8.4km
- The site is situated on a low risk dolomite area
- Property size is 12.7ha (10ha minimum requirement)
- Owned by municipality

The zoning for Vosloorus (Erf 10557, 10558 & 12390) is currently listed as Educational and Public Open Space. The Erven are divided by Ukufika Rd.

Property Description	Size	Owner	Zoning
Erf 10557 Vosloorus ext 14 Township	3,0319 ha	Municipal	Educational
Erf 10558 Vosloorus ext 14 Township	2,1947 ha	Municipal	Educational
Erf 12390 Vosloorus ext 14 Township	7,4863 ha	Municipal	Public Open Space

The proposed new hospital is:

- 760 bed Regional Hospital & Gateway clinic
- Level 1 & 2

NEW NATALSPRUIT HOSPITAL

- Comprehensive Primary Care Service
  - General Practitioner's level
  - First line specialist service for in- and out- patients
  - Emergency Departments
  - Inpatient department
  - Out patient department and Gateway Services
  - Various other services

The construction of the proposed new hospital will involve the following:

- Re-zoning of the land to institutional
- Closure of Ukufika Rd
- Relocation of existing sports facilities

It is proposed to construct the hospital and associated gateway clinic on Erf 12390 and to relocate the existing sports facilities to Erf 10557 and Erf 10558.

#### **4. ENVIRONMENTAL IMPACT ASSESSMENT**

- 4.1 The rezoning of land use is a listed activity in terms of the EIA Regulations (April 1998) and, therefore, requires an Environmental Impact Assessment (EIA).

An EIA is therefore required for the:

- Change in Land use from Educational and Public Open Space to Institutional; and
- For road closure

- 4.2 The processes to be followed are:
- Initial Authorities Briefing Meeting (24<sup>th</sup> November 2005)
  - EIA Application Form
  - Plan of Study for Scoping
  - Authorities Site Visit (if requested)
  - Scoping Report
    - Specialist studies
    - Public participation

- 4.3 Specialist studies identified by the Project Team are:
- Traffic Impact Assessment
  - Visual Impact Assessment
  - Noise Impact Assessment
  - Waste Management Plan

A traffic impact Assessment has already been completed, and the following was reported:

- Good accessibility - local and a regional perspective
- Entrance to hospital off Nquza Rd - NW
- Access to the hospital site
  - N and W access via Sam Sekoati Rd or Sithohimela Rd
  - E access via Pelser and Nquza Roads
- New traffic circle at the entrance
- Closure of Ukufika Road
  - Traffic volumes low
  - Alternative routes are available
  - Closing of Ukufika Road would not result in unacceptable traffic flows



- Traffic surveys are currently in progress and the results will be included in the Scoping Report

Additional investigation to be included are:

- Relocation of existing sports facilities
- Availability and provision of bulk services
- Bus and taxi facilities
- Site services

**4.4** The public participation process will involve the following:

- Identification of all relevant stakeholders
  - Community Forums
  - Ward Councillors
  - Adjacent landowners
  - Authorities
  - Natalspruit Hospital
  - etc
- Advertising in two local and two regional newspapers (30 day response period)
- Placement of on-site notices in strategic locations
- Delivery of a briefing document for Interested & Affected Parties (I&AP's)
- A Public Meeting and/or Focus Group Meetings

**4.5** The proposed timeframes for the project are:

- April 2006 – Start construction
- May 2009 – Completion of new hospital

The timeframes agreed upon by GDACE for the EIA process are:

- Review of PoSS - 15 days
- Commence public participation process prior to approval of PoSS
- I&AP's 30 day response period (excluding public holidays)
- Review of Environmental Scoping Report - 60 days

## **5. DISCUSSION**

**5.1** *Existing infrastructure on the proposed new site*

PG discussed the existing day care clinic on the SE corner of Erf 10558. The day care clinic is currently not in use. The future of the day care clinic is currently being discussed between the DoH and EM. Should the clinic no longer be required it will be demolished, should it be required a separate parking is to be allocated and the area fenced off.

**5.2** *Construction of hospital on proposed new site*

Concern was raised by EM that the proposed new Hospital will not traverse all 3 properties yet a minimum of 10ha was required by DoH.

The DoH has requested as compact a footprint as possible for the proposed hospital; this has enabled the hospital to have a smaller footprint than initially anticipated. It is proposed that the remainder of the land be used for the relocation of the existing sports facilities.

The Gateway Clinic will be outside the fence line of the proposed new hospital.

The site is to have a single entrance on Nquza Rd, with a traffic circle and with a service road

on the perimeter (DvO).

### 5.3 *Existing sports facilities on the proposed new site*

One of the conditions of sale from EM is the relocation of the existing sports facilities.

The following upgrade of sport facilities is proposed by the Project Team:

- 3 soccer fields (1 which can double up as a cricket / rugby field)
- 2 combination courts
- 1 athletics field around one of the soccer fields
- Ablution blocks
- 2 proposed pavilions/stands

EM was concerned that the hospital may encroach into the sports facility area should they wish to expand.

DoH stressed this was not the case as 760 beds is the maximum number of beds for this level hospital, and any potential further development will only be the need for additional parking.

EM said that the relocation of the sports facilities would need approval from the community and it was confirmed by PG and BC that the Public Participation (PP) process would address these issues. PG suggested approaching the community with 2 to 3 alternatives and the preferred option.

Although the conditions for sale state that EM would determine the location of the new sports facilities, EM are open to suggestions.

### 5.4 *Permission to begin EIA and Public Participation Process*

It was stressed that the members of EM present at the meeting could not give the permission for the process to begin, as there were still outstanding conditions of the sale to be met by the DoH. The DoH agreed to confirm in writing to EM the conditions of the sale by Friday the 25<sup>th</sup> November 2005. EM would be attending an internal meeting on Monday when they would raise the request for permission.

### 5.5 *Bulk services*

It was confirmed that there will be no steam or laundry service on site. There will no abnormally high water use on the site (DoH).

MK confirmed that all bulk services were within a 1.3km radius of the proposed site.

- The main water main runs under Sam Sekoati Ave and a new water pipe is proposed for Nquza Rd. An emergency reservoir has been suggested at the highest point of Nquza road, for exclusive use by the hospital.
- A sewage pipe of sufficient capacity is available on Ukusuka Rd. To link to the existing pipe an additional servitude would need to be installed on Ukufika Rd.
- The current storm water pipe is opposite Nquza Rd, with drainage onto the existing open space. A new servitude would be required on Nquza and Ukusuka Roads which will channel the storm water to the green space adjacent to Umzukuza Rd.

### 5.6 *Additional studies required by GDACE*

MR stipulated the following additional specialist investigations will be required for the Scoping

---

NEW NATALSPRUIT HOSPITAL

Report:

- An agriculture potential study to be undertaken at the preferred site
- A geotechnical study to be completed on the final footprint
- An archaeological study to be undertaken at the preferred site.

The following additional aspects were pointed out by MR:

- The Scoping Report to include all specialist studies and public participation
- The PoSS to be submitted before the new regulations (Jan 2006) are promulgated so that the EIA process can be undertaken as outline in the current regulations.

## 5.9 Public Participation

The Public Participation (PP) process of the EIA is to be incorporated and run concurrently with the PP of EM wherever possible (EM, J&W).

EM requires 60 days for rezoning and 30 days for road closure.

The PP process will establish a database of all registered Interested and Affected Parties (I&AP's). The appointed Hospital board of community members, in conjunction with Ward Councillors, are to be included in the process (DoH). DoH stressed it was important for local contractors and labour intensive methods be used during the construction of the proposed hospital.

## 5.10 Timeframes

It was requested that the time frames for the administration sections of the EIA be fast tracked wherever possible (BC). MR gave the assurance that government projects did receive priority.

PG requested if the EIA process be completed and approved by the end April 2006, as it is proposed to complete the construction of the hospital by May 2009 and construction of the proposed hospital will take approximately 36 months.

It was requested by BC that permission to begin the process be given by Monday the 28<sup>th</sup> of November by EM, for J&W to appoint a town planner and begin the EIA process. This decision is dependent on the letter from DoH on the conditions of sale and a detailed topographical map of the site from J&W. DoH stated the letter would be sent to EM that afternoon and J&W supplied the requested topographical map before EM left the Authorities meeting.

## 6. WAY FORWARD

The next steps have been summarised in the Table below: -

TASK	RESPONSIBILITY
1. Submission of Plan of Study for Scoping (PoSS)	J&W / NSS
2. Permission to begin process (advertising, appointment of town planner)	EM / J&W / NSS
3. EIA Advertising	J&W / NSS
4. Acceptance of the PoSS	GDACE
5. Public Participation	J&W / NSS
6. Submission of the Scoping Report, including specialist studies	J&W / NSS

NEW NATALSPRUIT HOSPITAL

## **7. CLOSURE**

With no further questions, BC thanked everyone for attending and the meeting was adjourned at 12h30

*Compiled by: Kerry Quinn*

**BRIEFING DOCUMENT FOR THE CONSTRUCTION OF THE NEW NATALSPRUIT HOSPITAL  
IN VOSLOORUS, GAUTENG  
8/12/2005**

**Introduction**

The present Natalspruit Hospital, a multi storey building was erected in 1959 and is an 870 level 1 and 2 bed hospital (784 beds in use) situated in the North Western corner of the Kathlehong Township.

A new hospital is required for several reasons including:-

- The need to improve the delivery of services to the people.
- The replacement of the existing hospital which is situated in a high dolomite risk region.

The new hospital is a high priority for the Department of Health, and is planned as a level one and two hospital. This implies a comprehensive Primary Care Service up to General Practitioner's level and the first line Specialist service for in patients, out-patients, as well as the provision of emergency departments. The selected site for the new hospital has existing sports facilities that will be reconstructed on another site prior to the construction of the new Natalspruit hospital.

**Technical Details**

This will be a level one (1) and two (2) hospital rendering level 1 & 2 service and a comprehensive Primary Care Service up to General Practitioner's level and first line Specialist service for patients, out-patient and emergency departments.

The flowing general Inpatient disciplines will be catered for:

General Surgery (Adult & Paediatric); Specialised Surgery; Medical (Adult & Paediatric); Gynaecology, Obstetrics, Kangaroo & secondary trimester TOP; Paediatrics; Orthopaedics; Operating Theatre Unit; Burns Unit; Spinal Unit; Rehabilitation Unit; ICU & High care; Psychiatry; TB and Stepdown.

The following services will be available:

Administration services; Catering; Stores; Pharmacy; Waste control; Mortuary; Security; Portering; Workshop; Laundry / lines services; Cleaning; Transport; Out patients Department and gateway clinic and Emergency Medicine Department.

**Your Participation**

As an interested and affected part, you are requested to give your input to ensure an inclusive and transparent process throughout. We will open a Register, and all responses will be recorded.

Any concerns you have should be forwarded (in writing) to:

**Postal:** P.O. Box 1434  
Rivonia  
2128

**Fax:** (011) 519-0201

**E-mail:** [candy@jaws.co.za](mailto:candy@jaws.co.za)

Please use the attached registration form.

You can also contact Beth Candy on (011) 519-0200.

An advert will be placed in The Star, Daily News, City Vision and Boksburg News starting on the 14<sup>th</sup> December 2005 to make people aware of the project, and signboards erected in the vicinity of the site 13<sup>th</sup> December 2005.

**Conclusion**

This briefing document has been provided for the benefit of all persons affected by the construction of the new Natalspruit Hospital. All proof of corresponding and communications with I&AP's will be forwarded to GDACE to assist them in an informed decision making process. Should you have any queries or require additional information please do not hesitate to contact us.

REGISTER FOR ALL INTERESTED AND AFFECTED PARTIES

Form Correspondence	Telephonic		Public Meeting		Private Meeting	
	Postal		E-mail		Other	
Project	BRIEFING DOCUMENT FOR THE CONSTRUCTION OF THE NEW NATALSPRUIT HOSPITAL IN VOSLOORUS, GAUTENG					
Date						
Property Description						
Name of Owner						
Contact numbers						
Concerns						





**INLIGTINGSTUK: KONSTRUKSIE VAN DIE NUWE NATALSPRUIT HOSPITAAL  
IN VOSLOORUS, GAUTENG  
8/12/2005**

**Inleiding**

Die bestaande Natalspruit Hospitaal is in 1959 opgerig. Dit is 'n 870-bed, Vlak 1 en 2 hospitaal waarvan 784 beddens in gebruik is. Die hospital is geleë in die noord-westelike hoek van Kathlehong.

A nuwe hospitaal word benodig om verskeie redes, onder andere:-

- die behoefte om dienslewering aan die gemeenskap te verbeter.
- die vervanging van die bestaande hospital wat in 'n hoë risiko dolomitiese gebied geleë is.

Die nuwe hospitaal is 'n hoë prioriteit vir die Departement van Gesondheid en sal ook 'n Vlak 1 en 2 hospitaal wees. Dit behels 'n omvattende Primêre Sorgdiens tot op Algemene Praktisyn vlak en eerste orde Spesialisdienste vir pasiënte en buitepasiënte, asook nooddienste.

Die voorgestelde terrein vir die nuwe hospitaal het bestaande sportsfasiliteite wat na 'n ander terrein verskuif sal word voordat konstruksie van die nuwe Natalspruit hospitaal sal begin.

**Tegniese details**

Dit sal 'n Vlak 1 en 2 hospitaal wees met 'n omvattende Primêre Sorgdiens tot op Algemene Praktisyn vlak en eerste orde Spesialisdienste vir pasiënte en buitepasiënte, asook nooddienste.

Die volgende binnepasiënt dissiplines sal verskaf word:

Algemene chirurgie (volwasse en pediatries), Gespesialiseerde chirurgie, Medies (volwasse en pediatries), Ginekologie, Obstetrie, Kangaroo Moedersorg, tweede trimester BVS; Pediatrie; Ortopedie; Teater-eenhede; Eenheid vir Brandwonde; Spinale Eenheid; Rehabilitasie Eenheid; Intensiewe- en Hoë Sorg; Psigiatrie; Tuberkulose en Stepdown.

Die volgende interne dienste sal verskaf word:

Administratiewe dienste, Voedselverskaffing, Store, Apteek, Afvalbestuur, Lykshuis, Sekuriteit, Portiersdienste, Werkswinkels, Wassery, Skoonmaakdienste, Vervoer, Buitepasiënte Departement en Gateway kliniek, asook Nood Medisyne Departement.

**U deelname**

U word as 'n belanghebbende en geaffekteerde party versoek om kommentaar te lewer om sodoende 'n inklusiewe and deursigtige proses te verseker. 'n Register sal ge-open word en alle kommentaar sal hierin opgeteken word.

Enige kommentaar kan skriftelik gerig word aan Beth Candy by:

**Posadres:** Posbus 1434  
Rivonia  
2128

**Faks:** (011) 519-0201

**E-pos:** [candy@jaws.co.za](mailto:candy@jaws.co.za)

Gebruik asseblief die aangehegte registrasievorm. U kan ook vir Beth Candy kontak by (011) 519-0200.

'n Advertensie sal ook geplaas word in *The Star*, *Daily News*, *City Vision* en *Boksburg News* vanaf 14 Desember 2005 om mense in kennis te stel van die projek. 'n Kennisgewing sal ook in die omgewing van die ontwikkelingsterrein aangebring word op 13 Desember 2005.

**GEVOLGTREKKING**

Hierdie inligtingstuk word verskaf aan persone wat geaffekteer word deur die konstruksie van die nuwe Natalspruit Hospitaal. Bewyse van alle kommunikasie en korrespondensie met belanghebbende en geaffekteerde partye sal aan die Gauteng Departement van Landbou, Bewaring en Omgewingsake verskaf word om hulle in staat te stel om 'n ingeligte besluit te neem. As u enige verdere navrae het of addisionele inligting benodig, kontak ons gerus.

REGISTRASIEVORM VIR BELANGHEBBENDE EN GEAFFEKTEERDE PARTYE

Metode van registrasie	Telefonies		Publieke vergadering		Private vergadering	
	Pos		E-pos		Ander	
Projek	KONSTRUKSIE VAN DIE NUWE NATALSPRUIT HOSPITAAL IN VOSLOORUS, GAUTENG					
Datum						
Eiendomsbeskrywing						
Naam van eienaar						
Kontakbesonderhede						
Kommentaar						



**PAMPITSHANA E KGOTSU FADITSWENG MA BAPI LE SEPETLELE SE SETSHA SA  
NATALSPRUIT KWANA VOSLOORUS, GAUTENG SA  
13/12/2005**

**Qalo**

Sepetlele sa jwale sa Natalspruit, moaho oile wa phahamiswa ka selemo sa 1959, se nale dibethe tse 870, tse kabang tekanong ya pele, leya bobedi (dibethe tse sebediswang ke tse 784) se haufi le bophirima ba lekeishini la Kathlehong.

Sepetlele se setjha ho batllahala mabaka a latelang:-

- Hoiswe mesebetsi bathoing.
- Sepetlele se secha sekana sebakeng sa kgale, se beilweng maamong a mabe a tshabehang.

Sepetlele se setjha setla pele lefapheng la bophelo ebile se entse boemo ba pele le ba bobedi, ho tlabe ho nale tsebeletso ya tsa bophelo bo botle ho bakudi ba robalang, le ba kgutlelang hae ho tlabe ho nale tsa boithabiso badipapadi.

**Botswebere**

Se tlabe se nale lefapha la pele le la bobedi, se tla thusa bakudi kaofela go akaretswa barobalang, le basa robaleng le ba potlakileng go tlaaba le tlokomelo go tse latelang.

Tse latelang go tla tlokomelwa bakudi ba malwetse a fapaneng:

General Surgery (Adult & Paediatric); Specialised Surgery; Medical (Adult & Paediatric); Gynaecology, Obstetrics, Kangaroo & secondary trimester TOP; Paediatrics; Orthopaedics; Operating Theatre Unit; Burns Unit; Spinal Unit; Rehabilitation Unit; ICU & High care; Psychiatry; TB and Stepdown.

Go tlaaba le thuso elatelang ha o fitla ko sepetlele: Thuso ya go amogelwa, dijo, mabenkele, dikhemise (mogotlabe go fiwa mereane), mo go tlabe go beiwa bafu, maponesa, ba tsamaisa bakudi, mo go tlatswang diaparo tsa bakudi, le dikobo, le go tlwekofatsa, le dikoloi tsa ho rwala bakudi, basarobaleng lefapha le dikliniki le go rwala bakudi ba botlakileng le lefapha la mereana.

**Tshebediswano**

Tje ka motho a mehang o kopiwa ho ntsha maikutlo a hao; re etsetsa hore tsamaiso ebe e lokileng ho fitlhela mafelelong mebono/ maikutla/ a bohle a tla bewa/ recodiwa.

Dititlebo diromelwa:

**Ho:** P.O. Box 1434  
Rivonia  
2128

**Fax:** (011) 519-0201

**E-mail:** [candy@jaws.co.za](mailto:candy@jaws.co.za)

Please use the attached registration form.

Beth Candy on (011) 519-0200.

Advert e tla hlalishwa makwalo dikgang a lateland The Star, Daily News, City Vision and Boksburg News ho thoma matsatsi a latelang 14 Tshitwe 2005 le matshwao a diboto ka lethakoreng la maogo wa kacio ya sepetele kala 13 Tshitwe 2005.

**Pheletso**

Pampitshana e kgotsufaditseng e tlage seditse batho kaofela bat la nkang karolo babatlang ho nga moagong wa sepetlele sa Natalspruit. Kaofela dititlebo le tshebediswano perekisano le kutlwano le I&AP's di tla fitisetwa ho GDACE ho ba thusa, go fumana ho nahana ka go tswela pele. Ha ho nale motho ya naleng dikarabo kapa ya belaeyelang a e kopanye le lerona.

# REGISTER FOR ALL INTERESTED AND AFFECTED PARTIES

<b>Letsibile joang ka tsibiso ena?</b> <b>/Form</b> <b>Correspondence</b>	<b>Telephonic/ Telefono</b>		<b>Public Meeting/ kopano ya batho kaofela</b>		<b>Private Meeting/ kopano ya ba kgethelweng lebabang</b>	
	<b>Postal/ poso</b>		<b>E-mail</b>		<b>Other</b>	
<b>Project</b>	<b>PAMPITSHANA E KGOTSU FADITSWENG MA BAPI LE SEPETLELE SE SETSHA SA NATALSPRUIT KWANA VOSLOORUS, GAUTENG SA</b>  <b>BRIEFING DOCUMENT FOR THE CONSTRUCTION OF THE NEW NATALSPRUIT HOSPITAL IN VOSLOORUS, GAUTENG</b>					
<b>Date</b>						
<b>Property Description/ Bodulo</b>						
<b>Name of Owner/ Lebitso</b>						
<b>Contact numbers/ Nomoro ya phone kapa cell</b>						
<b>Concerns/ Maikemisetso</b>						





**INCWADI EKHULUMA NGOKWAKHIWA KWESIBHEDLELA ESISHA ESIBIZWA I-NATALSPRUIT HOSPITAL  
E-VOSLOORUS, GAUTENG  
28/11/2005**

**Introduction**

I-Natal Spruit Hospital yakhiwa ngo1959 eKatlehong. Inemibhedo ewu 870 engu-level (1) no (2). Imibhedo esetshenziswayo ingu 784.

Izizathu ezenza ukuthi kube nesidingo sesibhedlela esisha hilezi ezilandelayo:

- Ukukhuphula izinga lomthola mpilo ebantwini.
- Ukushintshwa kwendawo isibhedlela esidala esakhiwe kuyo. Indawo le esikuyo ayiphephile ngenxa yokuthi iyindawo evela imigodi ngenxa yenhlobo yomhlaba okhona kuleyondawo (Dolomite risk area).

I-Department of Health ikubeke phambili ukwakhiwa kwesibhedlela, futhi sizoba isibhedlela se-level (1) ne (2). Lokho kusho ukuthi sizoba ne-Primary Health Care Service ukufikela kubodokotela abajwayelekile (GP). Kuzoba nabodokotela abavelele kwezinye izinhlobo zokugula abazosiza iziguli ezilalayo nalezi ezizofika zihambe. Phezu kwalokho kuzoba nama-emergency services. Indawo isibhedlela esisha esizokwakhiwa kuyo ingamabala ezemidlalo. Lamabala azokwakhiwa kwenye indawo phambi kokuba kwakhiwe isibhedlela esisha.

**Technical Details**

Lesi sibhedlela sizoba i-level (1) ne (2). Sizonika iziguli usizo lwe-level (1) ne (2). Losizo lubizwa i-Primary Care Service efaka odokotela abajwayelekile (GP) nabanye abavelele kwizifo ezithize. Labodokotela bazosiza iziguli ezilalayo nalezi ezifika zihambe kanye ne-emergency department.

Abodokotela bazosiza iziguli ezilalayo ngalezi zinhlobo zokugula:

General Surgery (Adult & Paediatric); Specialised Surgery; Medical (Adult & Paediatric); Gynaecology, Obstetrics, Kangaroo & secondary trimester TOP; Paediatrics; Orthopaedics; Operating Theatre Unit; Burns Unit; Spinal Unit; Rehabilitation Unit; ICU & High care; Psychiatry; TB and Stepdown.

Izinhlobo zosizo ezizoba khona hilezi ezilandelayo:

Administration services; Catering; Stores; Pharmacy; Waste control; Mortuary; Security; Porter; Workshop; Laundry / linen services; Cleaning; Transport; Out patients Department and gateway clinic and Emergency Medicine Department.

**Your Participation**

Uma ungumuntu ochaphazelekayo ekwakhiweni kwesibhedlela esisha uyakhuthazwa ukuthi usho imibono kanye nezikhalo zakho ukuze ukwakhiwa kwesibhedlela kubandakanye wonke umuntu. Kuzovulwa incwadi ebizwa i-Register. Yonke imibono nezikhalo zizobhalwa kulencwadi.

Uma unezikhalo okanye umbono ungabhalela kulelikheli elilandelayo:

**Postal:** P.O. Box 1434

Rivonia  
2128

**Fax:** (011) 519-0201

**E-mail:** [candy@jaws.co.za](mailto:candy@jaws.co.za)

Sicela ukuthi nisebenzise iphepha elihamba nalencwadi elibizwa i-Registration Form.

Ungaxhumana no Beth Candy kulenombolo yocingo (011) 519-0200.

Isaziso sizokhishwa emaphepheni i-The Star, Daily News, City Vision ne Boksburg News ngezi 14/12/05 ukuze abantu baziswe ngokwakhiwa kwesibhedlela esisha. Izimpawu zokwakhiwa kwesibhedlela zizobekwa lapho isibhedlela sizokwakhiwa khona ngezi 13/12/05.

**Conclusion**

Lencwadi yokwazisa kabanzi ngokwakhiwa kwesibhedlela ibhalelwe bonke abantu abachaphazelekayo ekwakhiweni kwesibhedlela. Yonke imibhalo ephuma ebantwini izodluliselwa kwi-GDACE ukuze izosiza ngokuthatha izinqumo ezifanele. Uma kukhona umuntu odinga okuthize angaxhumana nehovisi laka-Jones & Wagener (Pty) Ltd.

# I-REGISTER YABANTU ABACHAPHAZELEKAYO EKWAKHIWENI KWESIBHEDLELA

<b>Form Correspondence/ Ukuxhumana</b>	<b>Telephonic/ Ngocingo</b> <b>Postal/Ngeposi</b>		<b>PublicMeeting/ Intlangano yomphakathi</b> <b>E-mail</b>		<b>Private Meeting/ Intlangano yabantu abazimele</b> <b>Other/Ezinye</b>	
<b>Project/Umsebenzi</b>	<b>BRIEFING DOCUMENT FOR THE CONSTRUCTION OF THE NEW NATALSPRUIT HOSPITAL IN VOSLOORUS, GAUTENG/ INCWADI EKHULUMA NGOKWAKHIWA KWESIBHEDLELA ESISHA ESIBIZWA I- NATALSPRUIT HOSPITAL E-VOSLOORUS, GAUTENG</b>					
<b>Date/Usuku</b>						
<b>Property Description/Chaza indawo ukuthi injani</b>						
<b>Name of Owner/ Igama lomnikazi wendawo</b>						
<b>Contact numbers/ Inombolo yocingo</b>						
<b>Concerns/ Izikhalo</b>						



First Name	Last Name	Address	Telephone/E-mail	Concerns	Involvement	
Touch	Mncube	10310 Ext 14	072 657 2387		Community Chairperson	13/12/2005
Thami	Ngubane	10340 Ext 14	(011) 863 2430		Community	13/12/2005
Letti	Mlooi	10334 Ext 14	073 638 5099		Community	13/12/2005
Simah		10336 Ext 14	072 298 3030		Community	13/12/2005
Amos		10923 Ext 14	082 972 3509		Community	13/12/2005
E.	Ndlovu	10235 Ext 14	(011) 863 3408		Community	13/12/2005
Isabel	Damoyi	10323 Ext 14	083 353 0219		Community	13/12/2005
U.J	Phatosi	10322 Lerumo Street Ext 14	072 824 7364		Community	13/12/2005
Fikile	Masuku	10462 Umqhika Street Ext 14	072 726 6877		Community	13/12/2005
Empty house		10464 Umqhika Street Ext 14			Community	13/12/2005
Junior	Mofikeng	10341 Umqhika Street Ext 14	076 539 4540		Community	13/12/2005
Mavis		10356 Umqhika Street Ext 14	083 980 7696		Community	13/12/2005
Nokuthula		10345 Umqhika Street Ext 14	083 491 2760 / (011)863 39997		Community	13/12/2005
Egnes		10338 Ext 14	(011) 863 2213		Community	13/12/2005
Mathah		10337 Ext 14			Community	13/12/2005
Magdeline		10335 Ext 14	084 501 3254		Community	13/12/2005
R.lili		10332 Ext 14	073 161 9341		Community	13/12/2005
Johonira		10331 Ext 14	072 906 9604		Community	13/12/2005
Rebecca		10327 Ext 14	(011) 863 3786		Community	13/12/2005
Ntombikayise		10326 Ext 14	072 1840 787		Community	13/12/2005
Prindile	Mntambo	10324 Ext 14	072 973 5859		Community	13/12/2005
Joan	Maseko	10319 Ext 14			Community	13/12/2005
Rose	Senwani	10318 Ext 14	(011) 863 2549		Community	13/12/2005
Zenzile		10608 Ext 14	083 743 1613		Community	13/12/2005
Comfort		10609 Ext 14	084 323 6998		Community	13/12/2005
Sinah		10343 Ext 14	(011) 863 1224		Community	13/12/2005
Sello		10357 Ext 14	072 185 6255		Community	13/12/2005
Daniel			<a href="mailto:danielmol@gpq-gov.za">danielmol@gpq-gov.za</a>		Natalspruit Hospital	13/12/2005
Bongani Shembe		1394 Ext 14	083 750 1991		Informal Stands (community leader)	13/12/2005
Smit			082 467 3570		Phumola United Manager	13/12/2005
Luthando			072 261 2904		Community	13/12/2005
Isaac	Thwala	Alberton	082 624 2463/ (011) 860-1701		Painter	14/12/2005
Hlabedi	Mpele	Katlehong	083 335 5856		Rehab of Children	20/12/2005
Porche	Tihapane	Katlehong/ Natalspruit	084 938 0813/ fax (011) 803 2980/ <a href="mailto:porhecobra@mweb.co.za">porhecobra@mweb.co.za</a>		Construction	20/12/2005
Jabu	Molefi	Vosloorus/Katlehong	082 442 9005		Construction	20/12/2005
Sipho	Nhlapo	Katlehong	084 322 0156		Construction (Sip/s operate house)	21/12/2005
Malcolm		Vosloorus Ext 14	073 494 9146		Construction/chairperson/community	04/01/2006
Sipho	Molilo	10379 Ext 14 Street 5		Yes	Community member	
Nelly Mathapelo	Mncube	10310 Lerumo Str Ext 14	072 567 2387	Very pleased with Development and job creation. Looking for cleaning job.	Community member	
Zamani	Magwaza	10470 Ikoneli Str Ext 14	083 571 9753	Yes	Community member	
Oupa	Maoeu	10355 Sefofane Str. Ext 14	072 661 0442 / (011) 863-2417	Will appreciate a hospital in our area	Community member	
Sam	Rangani	1469 Ikhaneli Str. Ext 14	073 037 6433	Yes	Community member	
Ester	Molaba	10466 Ikhaneli Str. Ext 14	073 546 0294	Yes	Community member	
Munyadziwa A.	Rametsi	14065 Ikhaneli Str. Ext 14	073 768 5450	Yes	Community member	
Junior	Sithole	10341 Ikhaneli Ext 14	083 011 6890	Yes	Community member	
Alfred	Tshabalala	10354 Ext 14	072 046 3578	We need hospital in the area. Will create jobs.	Community member	
Zukiswa	Nqwazi	10367 Ext 14	072 046 3578	We need a hospital so we can get medical help.	Community member	
Timoty	Phiri	10374 Sefofane Str. Ext 14	(011) 863 1422	I agree to that jobs can be created	Community member	
Beauty	Mojola	10356 Sefufane Str. Ext 14	083 980 7696	I think its okay	Community member	
Steven Prince	Maneli	10345 Sego Str.	(011) 863 3997	It should go ahead and create jobs for people	Community member	
Phelela	Leadira	10438 Umqhika Str. Ext 14	072 406 7769	Yes	Community member	
Sello	Lehabe	10343 Sego Str. Ext 14	011 863 1224	We agree with the development	Community member	
Moses	Mngomezulu	10422 Ikeyiti Str. Ext 14	073 332 3379	Playing ground for our kids and build hospital to create jobs	Community member	
Lulama	Septemba	10408 Ikeyiki Str. Ext 14	011 803 3469	Yes, I agree for job creations.	Community member	

First Name	Last Name	Address	Telephone/E-mail	Concerns	Involvement	
Letty N.	Mnisi	10405 Ikeyike Str. Ext 14	073 282 9462	Yes, Job creations.	Community member	
Busisiwe	Tshabalala	10406 Ikeyiki Str. Ext 14	073 212 9169	Yes, Job creations.	Community member	
Sophie	Mobena	10425 Ikeyiki Str Ext 14	073 729 1806	Build hospital so that they can create jobs.	Community member	
Nossy I.	Mathebula	10409 Ikeyiki Str. Ext 14	073 285 3926 / 011 863 2480	Build a huge hospital and playgrounds for our kids	Community member	
Annah	Rarane	10392 Sefofane Str. Ext 14	073 146 1007	They could build a big hospital so that they can create as many jobs as they can.	Community member	
Phumzile	Sibanyoni	10421 Ikeyiki Str. Ext 14	011 906 1392	They could build a big hospital so that they can create as many jobs as they can.	Community member	
Ioyinile	Ntuli	10404 Ikeyike Str. Ext 14	072 152 4475	We prefer both hospital and grounds because of them are save the community.	Community member	
Dineo Alice	Mokhosi	10387 Sefofane Str. Ext 14	073 210 3181	Hospital	Community member	
Aron	Sithole	10424 Keyki Str. Ext 14	084 831 2397	Should build hospital and create jobs for Voslorus people.	Community member	
Mr. S	Mlangeni	10389 Sefofane Str. Ext 14	082 515 1554	Hospital	Community member	
Julia	Nyombose	10398 Sefofane Str. Ext 14	072 750 3759	Build Hospital and creat jobs	Community member	
Mrs. P.E.	Modise	10399 Sefofane Str. Ext 14	011 863 1183	Build a hospital. My concern is the road - make / increase the road to avoid traffic.	Community member	
Phillip	Ngxito	10386 Sefofane Str. Ext 14	084 773 7347	Hospital will be conveniently closer, taxi rank should be closer and road expanded.	Community member	
Christina Dipuo	Moeti	10461 Umghika Str. Ext 14	011 863 3159	Hospital must be built, people must be employed	Community member	
Joyce	Masondo	10431 Ityholo Str. Ext 14	073 884 3159	Build hospital employ residents of Vosloous.	Community member	
Thokozani	Nkabinde	10369 Sefofane Str. Ext 14	083 713 1198	I agree with the construction of the hospital and we are looking forward to the job creation	Community member	
	Mothlaga Malome	Nhlopo	082 406 7219	I agree and create jobs for the people of Ext. 14	Community member	
After-2	Baloyi	10437 Tyholo Str. Ext 14	072 534 0870	Build it and employ people	Community member	
P.L.C.	Xint	10426 Tyholo Str. Ext 14	072 013 3923	Yes you can build the Hospital to create the jobs for the people	Community member	
Anele	Mahlanza	10411 Ikeyiki Str. Ext 14	072 749 1874	Yes	Community member	
Vuyisile	Bengeza	10373 Sefofane Str. Ext 14	011 863 1695	Yes	Community member	
Bongone	Shembe	10394 Sefofane Str. Ext 14	083 750 1991	Yes	Community member	
Elizabeth	Ngobese	10989 Ikheli Str. Ext 14	072 580 1227	As a resident in Vosloorus I think theres a need for a new Natalspruit hospital as the existing hospital is situated in a high dolomite risk region. But we have to make sure that the allocated region has all the necessary facilities for the construction of the new hospital. we have to make sure that the mospital hires enough staff who are properly trained to care for patients. This will bring change in Vosloorus and surrounding areas and will open doors of the unemployed.	Community member	
Mathew	Msibo	10889 Ukuhka Str. Ext 14	076 144 4475	We are happy about the hospital and we think the community will benefit from it.	Community member	
Mongameli E.	Tanda	11674 Ihamba Str. Ext 14	011 863 8553 / 084 465 6234	Hospital near so I am happy, Hoping for jobs for the young generation	Community member	
John	Tsokodibane		083 768 1191	It is good that our area is chosen for the hospital. Unfortunately some portion of Ext. 14 is also dolomitic. The clinic next to the area where the hospital is to be built has cracked. Resulting the place to be vacated. Will the hospital be user-friendly in future.	Community member	
Mrs. & Mr.	Mota		073 014 1209	We want to have jobs when they are opening the hospital near us.	Community member	



First Name	Last Name	Address	Telephone/E-mail	Concerns	Involvement	
Thandi	Mbuyisa		082 294 0498	Please can you include the following: * Hosepipes * Disable children & adults * Eye Doctors	Community member	
Stephen	Malekotho		083 543 6419	Will be happy to see hospital in our area. Jobs	Community member	
Phillimon	Hlatshwayo		011 863 3747	Will be happy to see hospital in our area. Jobs	Community member	
John	Ramekoane		083 543 6419	Will be happy to see hospital in our area. Jobs	Community member	
Johanna	Monageng		084 646 4018	Will be happy to see hospital in our area. Jobs	Community member	
N.C.	Vilakizi	11038 Kheti Str. Ext 14		Yes, need all the facilities that are currently at the Natalspruit hospital and more.	Community member	
Dorah Phuti	Hlongkiane		083 543 6419	Gratefull for hospital. Jobs	Community member	
Carol Nonedo	Lokwe	10715 Uswezi Str. Ext 14	076 145 7598	Happy to have hospital in community. Job	Community member	
John	Ramekoane		083 543 6419	Happy to have hospital in community. Job	Community member	
Johanna	Monageng		084 646 4018	Happy to have hospital in community. Job	Community member	
Petunia	Mayekiso	11024 Lerumo Str. Ext 14	072 236 5630	I am happy that the hospital will be nearer to us and there will be job opportunities.	Community member	
Herbert	Nkosi		083 543 6419	Wil be happy to see hospital in our area. Job	Community member	
E	Mmuso	10697 Moepei Str. Ets 14	011 863 1669	Very plased about the hospital so that residents are going to benefit, business, jobs etc.	Community member	
Cyprian Gouch	Mncuise	10310 Lerumo Str Ext 14	072 657 2387	Pleased with development - Builder Jobs	Community member	
Atwell Mahlomola	Maska	10291 Ukufika St. Ext 14	073 310 7294	Happy about Hospital. Job	Community member	
Nthabiseng Linah	Nkosi		072 358 2353	I am very concered about the hospital, Because if we need help we must wait for a long time, like a person is sick or injured we're struggling to reach the hospital So now is going to be easy for us, and the opportunities of the jobs. I said forward to build the hospital in this area.	Community member	
Adolphus Bhekiziz	Nhlapo	10948 Isituo St. Ext 14	073 979 6480	I am happy, because we will get jobs and be nearer to the hospital	Community member	
Elias Themba	Mxoli	10706 Selepe Str.Ext 14	082 080 3378	I am cocerned about our children getting employment in the hospital	Community member	
Themba		10364 Sefofane Str. Ext 14	083 359 332	Happy to have hospital in community.	Community member	
Samuel	Ngoben	10447 Umaghika Str. Ext 14	011 863 2606	Happy to have hospital in community.	Community member	
Betty	Khumalo	10420 Ext 14	073 6150 189	Happy to have hospital in community.	Community member	
Veronica	Sixhaxa	10342 Ikhaneli Str. Ext 14	011 863 3004	Happy about Hospital. Job	Community member	
Jan	Sebopa	10468 Ikhaneli Str. Ext 14	082 647 2616	Happy to have hospital in community. Job	Community member	
W.N.	Mpaxa	10348 Sego Str. Ext 14	082 490 301	Agree about Hospital.	Community member	
Methews	Ngwenge	10349 Ikhaneli Str. Ext 14	011 863 3284	Yes, Job creations.	Community member	
Samuel	Leshaba	10457 Umqhika Str. Ext 14	083 513 8466	Agree, Job creations.	Community member	
Raymond Mandla	Mazibuko	10272 Ukufika Str. Ext 14	011 677 9362 / 083 437 4197	Will be happy to see hospital in our area. Jobs	Community member	
Chiffard	Ron	10429 Tshello Str. Ext 14	083 406 4081	I agree on the new hospital being built.it will benefit the community in particular the poor people.	Community member	
V.P. Phillip	Maslinuimi	10681 Selepe Str. Ext 14	072 583 1210	I am happy about the hospital , because we will get jobs. My job is painting or cleaning,any job that is available I will be willing to do.	Community member	
Rebecca and Joel	Mokhosi		011 863 3786/ 084 813 0430	Delighted to have hospital in community because this service will be nearer to the people especially those who are not working. This will be an advantage as hunger and poverty will be alleviated. If the service is brought to a safer place then I do not see any reason to oppose them. Better delivery and better services are highly appreciated by the community of Vosloorus.	Community member	

First Name	Last Name	Address	Telephone/E-mail	Concerns	Involvement	
Ellen Thokozile/ Thomas Diamond	Ndlovu	Near the grounds	011 863 3408 / 072 786 5879	Happy about Hospital.	Community member	
Thobile	Sibisi	10433 Tyolo Str. Ext 14	011 863 2420	Agree about Hospital.	Community member	
Emmanuel	Khoza	10362 Sefofane Str.Ext 14	073 923 0406	I agree but in one option which is peace and stability in our area, cause before this hospital there was no violence done by taxis who were fighting each other. We also want our people to run businesses next to the hospital. People who are busy selling right now must give us a chance to enjoy selling at our place. Hospital is good anyway for our health which is very important.	Community member	
Lephina Ncane	Msibi	10359 Sefofane Str. Ext 14	011 863 1865	Happy to have hospital in community. Job	Community member	
T. Ramos	Mvlambo	10412 Sefofane and Umqhika Str	082 758 8374	Yes	Community member	
Tumelo	Khabutlane	10357 Ext 14	084 405 6304	Yes, I agree about Hospital because of job creation.	Community member	
P	Masha	10441 Ihjolo Ext 14	011 906 4579	Yes, we need a hospital.	Community member	
Dudu	Mathebula	10439 Ihjolo Ext 14		Yes, We do need a hospital because of job creation and for our community.	Community member	
Carol	Tshabalala	10442 Ihjolo Ext 14	011 863 163 / 082 535 3415	Yes, I agree about Hospital because of job creation.	Community member	
Paulinah	Phadu	10443 Ityolo Str.Ext 14	073 3390 982/ 083 316 3144	Yes, I agree it's a great opportunity for us because of job creation.	Community member	
S and P	Mcaudi	10440 Ityolo Str. Ext 14	011 863 1052 / 083 989 7473	As a big community,we do need a hospital. This is because the area has grown and we do not have a hospital in case of emergency and our area has good soil where the hospital can be built without any fear or dangers.	Community member	
Johannes Sello	Mblu	10370 Sefofane Str. Ext 14	084 671 7396	Yes, because we do not want small bussinesses around our area.	Community member	
Nowhlanhla	Mhlanga	10459 Umqhika Str. Ext 14	083 758 4823	Yes, I agree about Hospital because I need work.	Community member	
L.P	Mokoena	10380 Sefofane Str. Ext 14	011 863 2453	Yes, as it is going to create job opportunities for the community in the vicinity.	Community member	
Moses	Zwane	10395 Sefofane Str. Ext 14	082 361 6363	Yes	Community member	
Goldy	Ngcekene	10381 Sefofane Str.Ext 14	082 595 0190	Yes, because of job creation.	Community member	
Nimrod	Siyaya	10383 Sefofane Str. Ext 14	073 850 1718	Yes, because it will be next to us and job creation.	Community member	
Mpho	Maseko	10435 lyholo Str. Ext 14	084 547 3881	It's a good idea to build the hospital as more jobs will be created for the people.	Community member	
Benadine Thulani	Mehlonakulu	10364 Sefofane Str. Ext 14	011 863 1726	Yes, as long as there is no taxi violence and our houses are not affected.	Community member	
Mevis	Dlamini	10434 Tyololo Str.Ext 14	073 989 5887	Happy to have hospital in community. Job	Community member	
Lucas	Kgoefe	10376 Sefofane Str. Ext 14	011 679 5901 Ext 235	Yes	Community member	
Elias	Moshane	10378 Sefofane Str. Ext 14	011 863 1785/ 076 187 6116	Yes	Community member	
Mr and Mrs R.G	Zulu	10687 Selepe Str. Ext 14	072 926 0507 / 072 263 3465	I agree on the new hospital being built.It will benefit the community, in particular the poor people.I am an owner of a spaza shop in the area and will be very happy if I could open a tuck shop or cattering business in the hospital.	Community member	
Joseph	Mahioiliri	10360 Sefofane Str.Ext 14	082 809 9691	I agree that the hospital will create jobs but I am concerned about the construction of the hospital,the safety of our children as well as the hazardeous chemicals and waste coming from the laboratories.	Community member	
Frans	Nwawza	11590 Umkhamba Str.Ext 14	011 863 9762 / 083 618 7345	Will be happy to see hospital in our area. Jobs	Community member	

First Name	Last Name	Address	Telephone/E-mail	Concerns	Involvement	
Victoria	Yawa	11587 Umkhamba Str.Ext 14	072 661 1635	Will be happy to see hospital in our area. Jobs	Community member	
Jane	Mabasa	10452 Sefofane Str.Ext 14	073 471 4258	I agree, but I do not want any fighting. Our community is peaceful therefore I would like it to stay that way.	Community member	
Catherine M	Mahapa	10995 Ikheli Str.Ext 14	082 975 7591	We would be happy if the hospital is built here in Ext.14. Kathelong hospital is too far. Can we please get employed when construction begins or even when it is completed.		
Isabella	Frakade	11023 Lerumo Str.Ext 14	072 140 4218 / 072 951 6199	We agree. We request that when job opportunities arise we must get first preference since we are local residents.		
Fikile	Ngoamu	10430 Ityholo Str.Ext 14	073 093 2054	I want the hospital to be made here and create jobs for people who do not have work.		
Elsie	Masilela	10427 Ityholo Str.Ext 14	073 488 5408	Happy to have hospital in community. Job		
Isaac	Khumalo	10366 Sefofane Str.Ext 14	(011) 863 3146	Yes, the only thing we do not want is noise from the taxis and fighting.		
Joyce	Nhlabathi	10372 Sefofane Str.Ext 14	(011) 863 2090	Yes, I agree. Please make sure that there is no noise because this area is a quiet area.		
Obed	Khoza	10318 Lerumo Str.Ext 14	082 837 3836 / (011) 863 2549	We are happy about the hospital being built in our area and we request that people from this area be employed. I am a shop owner in the area and I request that I may be given business in terms of selling when the hospital is open. My shop is called Mabalane General Dealer.		
Vuyisile John	Phatosi		072 824 7364	we should not leave our houses when the hospital is being built. People from Vosloorus should be employed when the hospital is being built. Our children should get employment.		
Poulana	Manonyane	10357 Ext 14	082 701 6795	We agree that the hospital should be built here so that we can be employed.		
Fanie Frank	Mahlwele	10606 Ubhaqa Str.Ext 14	(011) 863 1025	I wish that the hospital can be brought closer to us here in Vosloorus.		
Sannah.M	Moleko	11586 Ukhamba Str.Ext 14	082 958 7314	We want help to be near, healing to come quickly and employment to be close.		
Marre	Sibanda		(011) 863 1829	The hospital construction should be a speedy process because other hospitals are too far.		
Igama Ngingi	Ntombi		076 678 2318	I have no concerns		
Sipho	Baloyi	10314 Lerumo Str.Ext 14	(011) 863 2507	We agree that the hospital should be opened because help will be a near and there will be opportunities for employment.		
Miriam Modieni	Mofolo	11594 Umkhamba Str.Ext 14	072 818 2793	We want the hospital for employment and sickness and disease.		
D.	Masilela	11592 Ukhamba Str.Ext 14	(011) 863 6093/ 072 485 4371	We need a hospital because Vosloorus does not have one and people will get help in many ways. People around this area will also get jobs. Certainly a lot of people will benefit and be helped by the hospital being here.		
Irene.T.	Shabangu	10977 Impofu Str. Ext 14	082 744 6936	We are looking for this new hospital. For our community. So then we can get job for our area.		
Alinah	Mofokeng		073 662 1875	I think the department of health must hire more people. The new hospital project is a nice idea. I think construction can start the building.		
Christina Nthabise	Thulo	11002 Isitulo Str. Ext 14	072 890 0257			

First Name	Last Name	Address	Telephone/E-mail	Concerns	Involvement	
Isaac / Evelyn	Malisa / Mqala	10941 Isitulo Str. Ext 14	073 647 7645	I am very concerned and pleased for the construction of the new Natalspruit here in Vosloorus, because there will be a job creation and save us money for transport and I'll get help near my place.		
N.E.	Mokoena	10942 Isitulo Str. Ext.	011 863 1002	Yes we agree we want a hospital in Vosloorus		
G.B.	Sibiya	10924 Ext. 14	011 863 1379	Welcom Natalsptuir Hospital to Vosloorus. To save transport, to be near to us and job creation.		
Refilwe	Lebang	10936 Isitulo Str. Ext 14	072 632 5449 / 073 581 3435	Cleaning or Tiling		
D.L.	Masoeu	10933 Isitulo Str. Ext 14	011 863 2759 / 076 175 0454	The new hospital to be erected here in Vosloorus		
Mary	Mokqantsi	11001 Isitulo Str. Ext 14	076 302 2911	The new hospital is high priority for the department of health. I think ht eproject can go on.		
Dingan Dinah	Mmethi	RDP House 11000 Isitulo Str.	076 256 8767	The hospital should first consider Vosloorus residents for employment.		
Samson	Mthunzi	10978 Impofu Str.	073 446 4622	I mr. S. Mthunzi have this experience and would like to be the one who can work withi my concerns in thi I don't have any project as shown but my job is his three that I wrote it as above.		
Thelma	Hoko	10935 Isitulo Str. Ext 14	011 863 1002	The new hospital to be built here in Vosloorus? Yes		
B.F.	Walaza	11029 Lerumo Str.	073 165 3757	We ae very happy about the new hospital that is going to be built in our area so that we can get jobs. Hoping that we are the first preference at all cost.		
Nelly Sombo	Busenga		083 237 6718	Hiring of people from Vosloorus for jobs. Better services, better facilities, safety around the area.		
David	Polo	10282 Ukufika Str. Ext 14	078 226 5054	Yes		
Z.	Hlekishumi	10281 Ukufiko Str. Ext 14	072 269 7765	We need hopsitla so that we can get jobs.		
Gauta A.	Moloi	10334 Lerumo Str. Ext 14	073 638 5099	No Complaints. I only need a job if possible general worker, cleaner, painting or handy-man.		
Govch	Mhcube	10310 Lerumo Str Ext 14	072 657 2387	Very very happy		
Evelyn	Ntanda	11258 Elqalo Str. Ext 14	011 863 6303	Very very happy		
Mumsie	Sezepe	11476 Mqhquli Str		Very happy that we will have jobs		
Papie	Hlongwane	11434 Motse Str. Ext 14	073 187 5993	Happy		
Timoty	Phiri	10374 Sifufane Str. Ext 14	011 863 1422	Happy		
Isaac	Malisa / Mqala	10941 Isitulo Str. Ext 14	011 863 1002	Happy that we will have jobs		
Tshabalala	Mahlomula	11215 Khokho Str. Ext 14	011 863 9734	Happy get job		
Frans	Mahapa	10995 Ikheli Str. Ext 14	082 975 7591	Happy get job		
Charles	Baholo	11362 Delangezi Str. Ext 14	011 836 9128	Happy get job		
Goodman	Mathe	11515 Delangezi Str. Ext 14	011 863 7242	Happy get job		
Simon	Malapile	11539 Inyamezane Str. Ext 14	011 863 6184	Happy get job		
Elizabeth	Mokgalaka	10615 Makhura Str. Ext 14	083 947 5462	Happy very happy		
Maria	Mkhujwana	10567 Makura Str. Ext 14	011 863 2714	Very happy		
Tshoky	Hlatshwayo	10743 Morena Str. Ext 14	073 252 6196	Very happy		
Lindi	Mngomezulu	10772 Moapei Str. Ext 14	072 476 6103	Very happy		
Lindiwe	Phatosi	10322 Lerumo Street Ext 14	072 824 7364	Very happy		
John	Motubulse	10277 Ukiufika Street, Ext 14, Vosloorus	011 863 2294	Very happy	community	
Thembi	Dlamini	10730 Swazi Str, Ext 14, Vosloorus	011 863 2947	Very happy	community	
Sibongile	Mdletshe	10663 Bhoqua Str, Ext 14, Vosloorus	073 712 6215	Very happy	community	
Mhplono	Hlongwana	10509 Morena Str, Ext 14, Vosloorus	072 208 6191	Very happy	community	
Timothy	Kuheka	10834 Moapeii Str, X14, Vosloorus	011 863 2076	Happy	community	
Elias	Mabuza	10877 Ukufika Str, X14, Vosloorus	011 863 1700	Happy	community	
Obed	Sibanyoni	11700 Umkhamba Str, X14 Vosloorus	082 906 9161	Happy	community	
Silver	Bila	12352 Umbali Str, X14, Vosloorus	n/a	Happy	community	
Maria	Nkosi	10653 Ubhaqua Str, X14, Vosloorus	n/a	Happy	community	

First Name	Last Name	Address	Telephone/E-mail	Concerns	Involvement	
Nombulelo	Myeza	11442 Mqaquli Str, X14, Vosloorus	076 112 8903	Very happy	community	
Albert	Mabunda	10616 Makura Str, X14, Vosloorus	076 328 2942	Happy	community	
George	Mnguni	11634 Nyamazane, X14, Vosloorus	078 318 5422	Happy	Housing	
Tami	Molebaloa	11688 Ikhaba Str, X14, Vosloorus	083 737 4694	Very happy	Health Department	
Tshepo	Thinane	11351 Delangozi Str, X14	073 649 522	Happy	Community	
Betty	Ngwenya	11399 Mzaqui Str, X14	n/a	Happy	community	
P	Senosi	11314, X14	072 029 1454	Very happy	community	
Charles	Mohlamonyane	10569, X14	082 954 5667	Very happy	community leader	
Mzubanzi	Ndzube	10324 Leramo Str	011 308 2769	still illusion	community	
Bafana	Walaza	11029 Lerumo Str.	073 1653757	We are happy to hear that they are building a hospital next to us and looking for a job	labour	
Jonas	Khambule	10871 Ukufika Str, X14	083 432 3577	we want jobs	carpentry	
George	Mophethe	371118 Phase 7, X28	082 620 2836	The space is too small for that nature, it is better on the other side of the freeway	community leader, contractor	
Wilson	Bayana	11566 Nyamazana, X14	084 288 5006	I am happy to have a hospital next to us and I am looking for a job	help the community	
Johanes	Ngwenya	11623 Nyamazana, X14	072 567 0260	I am happy to have the hospital here	helping the community	
Samsou	Kopolo	11574 Nyamazana, X14		I am happy to have a hospital here	helping the community	
Zacharia	Statu	11702 Mkumbasa, X14	083 991 2578	I am happy to have a hospital here	helping the community	
Sipho	Nhlapo	9 Caron Str, Klipoortjie	084 322 0156	it's okay for the betterment of the community	Bohasise Contractors	
Annah	Mohlala	10954 Lerumo Str, X14	083 773 8350	Facilities should really be where the people are	Community project manager	
Juli	Phiri	11635, X14	082 760 1949			
L.F.	Mofokena	132 Portion 28	072 706 2577	yes	Ahanang cc, ABC Home Improv	
M.B.	Sethosa	11663, X14	072 808 2566	Doctors to be available at night; caring nurses	detergents supply	
Richard	Motshe	11195, X14	072 709 5814	yes, because it will help	computer repairs	
Gilbert	Shezi	11186, X14	082 644 3794	yes	skills	
S	Sapopha	11310, X14	083 733 4598	We would love to have one here because of injuries	helping injured people	
E	Sepete	10312, X14	073 508 4508	Very happy	first act	
K.R	Leppker	10279 Ukufika, X14		I am happy to hear that they are building a hospital here		
Khemla	Zulu	11356 Delalampo Str	084 896 8317	very happy		
G	Khumalo	11364 Delangozi Str		very happy		
V.H.	Dumela	11361 Delangozi Str	072 781 7583	very happy		
Mazwi	Nkushubana	3178 Ndobe Str, Vosloorus, 147	083 429 5193		I am a member of Vosloorus Development Forum	
Keneline	Mosiane	1148 Ukhokho Str	083 572 8390	Pleasure		
Bongani	Mashinini	10793 Moapei Str	011 863 6311			
Sakkie	Matabane	No.6 Karrangeen, 14 Tom Fomer Str,Benoni	011 845 4142 / 845 4146(f)	Happy	Electrical; Mechanical, Building	
Isaac P.	Thwala	8807 Sapphire Str, Retokoza, 1421	082 624 2463 / 011 820 1701		Printing Contractor	
Simon	Mazibuko	10692 Silepe, X14	072 982 613	Happy	Cleaning	
Joel	Moksosi	10327, X14	084 813 0430	Very happy	glass works	
Paulinah	Mokoena	10996 Ikhele		Very happy	tiler	
Busi	Sibiya	10924 Esintulo, X14		Very happy	cleaner	
Godfrey	Sibeko	11495 Molelangozi, X14		Very happy	footballer	
Gladys	Mapisa	11019 Leruma Str, X14	076 580 0442	Very happy	cleaner	
Prudence	Solomons	11341 Idelangozi, X14	084 830 3023	Very good		
A	Guwa	P.O. Box 12638, Katlehong	082 968 0952 / 011 860 4763(f)	a fruitful meeting	community leader	
Joseph	Tshiwilendo	P.O.Box 83802, South Hills, 2136	011 863 3966 / 083 656 3195		Nathspruit Board member	
Roger	Molowe	8609 Poretsasile, Unit F	011 905 8388 / 082 394 6450	I'm happy	does constructing, cleaning	
Isaac	Ngalo	11520 Ndelanzoni, X14	072 316 1168	Happy		
Theresa	Simelane	11485, X14, Delangozi Str		Very happy	to get a job	
Thandy	Madalane	11386, X14, Delangozi Str	072 316 1168	Very happy	to get a job	
J	Ralethata	109321, X14	011 863 1593	Very happy	community	
KB	Mokanyana	11488 Idela Ngozi Str	073 244 1747	Very happy	community	

First Name	Last Name	Address	Telephone/E-mail	Concerns	Involvement	
Disebo	Masdeo	10933 Isitulo Str. Ext 14	076 175 0454	very happy	catering	
Louis	Themba	11593, X14	011 863 9077 / 073 197 6782	very happy	building supply	
Thelmah	Hoko	10935, Isitulo Str, X14	011 863 1002	very happy	cleaner	
John	Tsokodibane	11676 Ihamba Str, X14	083 768 1191	satisfied	community leader	
Patrick	Mtebele	10809 Moape Str, Vosloorus	083 589 5904	Happy	yes	
M P	Skhosana	10521 Morena Str, Vosloorus	011 863 3692	Happy		
Philiswe	Dlakunde	10577 Makura Str, Vosloorus	072 666 3118	Happy	Community	
Zenzile	Tshabalala	10608 Ukufika Str, Vosloorus	083 743 1613	Happy	Community	
Arron	Tshabalala	11625 Inyamazone Str, Vosloorus		Happy	Community	
L	Shabisha	11620 Inyamazone Str, Vosloorus	073 023 1670	Happy	Social	
Elsie	Phakathi	11714 Sombane Str, Vosloorus		Happy	Environment	
Hezekiel	Matsana	10612 Makura Str, Vosloorus	082 735 1115	Happy	Community	
Arron	Nkosi	11097 Makura Str, Vosloorus	072 733 7828	Happy	Community	
Jeffrey	Mothibe	10573 Makura Str, Vosloorus		Happy	Community	
Miriam	Dimo	11097 Ukhokho Str, Vosloorus		Happy	Community	
George	Jea	11367 Umquaqui Str, Vosloorus	011 863 6075	Happy	Community	
Elias	Maseko	11246 Uqalo Str, Vosloorus	084 827 7746	Happy	Community	
David	Nguluwe	10818 Moeipei Str, Vosloorus	011 863 2309	Happy	Community	
Reuben	Sekgalo	10766 Imali Str, Vosloorus	083 656 3895	Happy	Community	
David	World	11307 Umkhaba Str, Vosloorus	011 863 7906	Happy	Community	
Malcolm	Gema	10617 Makura Str, Vosloorus	073 494 9146 / 011 407 6266	Needs copies of plan and interested in Business	Business	
Vusi	Khumalo	10561 Makura Str, Vosloorus	076 181 9134	Happy		
Joseph	Mosia	10572 Makhua Str, Vosloorus	082 506 9965	Happy	Community	
Kebohang	Kotope	1141 Ukhokhu Str, Vosloorus	072 144 4108	Happy	Community	
Zacharia	Statu	11702, Mkhumba	083 991 2578	Happy	Community	
Thulile	Ngubeni	11139 Ukhoku Str, Vosloorus	072 185 0170	Happy	Community	
Mpiteng	Lephoto	11511 Delengozi Str	082 694 5301	Happy	Community	
Samuel	Mabaso	10469 Ikhoneli Str	084 737 5164	Happy	Community	
Vusi	Dube	10571 Makhura Str, Ext 14	011 863 1947	Fine with project	Community Leader	
Annie	Mazibuko	10889 Ukufika Str, Ext 14	076 144 4475	Happy	Community	
Margaret	Shezi	10278 Ukufika Str, Ext 14	011 863 1702	Happy	Community	
Abram	Moloi	10334 X14	073 638 5099	Happy	Community	
Fikile	Mthimunye	10879 X14	084 868 8680	Happy	Community	
Lucas M	Tshabalala	10570 Makura Str	082 533 9998	Very Happy	To be a part of property to be a owner	
Sammy	Mabasa	10452 Sefofane Str.Ext 14	084 470 2803	Nice	Yes	
Rielson	Ntimane	11321 Delangozi Str	076 767 8452	Good	Yes	
Isabela	Fakude	11023 Lerumo Str.Ext 14	072 951 6699	Good	Yes	
Nelly	Mncube	10310 Lerumo Str Ext 14	072 657 2387	Good	Yes	
Z I	Matuloko	11244 Ext 14		Good	Yes	
Thembi	Mbuli	11449 Ext 14	082 593 1470	Good	Yes	
Annah	Mndamen	10329 Lerumo Str	076 714 116	Good	Yes	
Thato I	Sekete	10977 Impofu Str. Ext 14	082 744 6936	Good	Yes	
Sibongile	Motsoeneng	10892 Mpofu Str	076 466 5412	Good	Yes	
Rose	Mashaba	10894 Mpofu Str		Good	Yes	
Calvin	Makgalesa	8198 Ext 9	072 688 1368	Involvement of VDF very important	Yes	
Lindili	Mathentwa	10721 Ext 14	011 863 1407	Happy	Yes	
Sammali	Mbukho	10564 Ext 14	073 163 3218	Happy	Yes	
Martha	Nthebe	11300 Ext 4	083 755 2630	Happy	Yes	
S	Zulu	11509 Ext 14	082 853 2398	Happy	Yes	
N	Mazibuko	10652 Ext 14	072 222 4952	Happy	Yes	
Joseph	Sibanyoni	10589 Makhura Str, Ext 14, Vosloorus	078 127 0262	Happy	Yes	
Victor	Mababa	10403 Sefofane Str, Ext 14	073 147 2323	It good and nice thing	Yes	
Brian	Makulu	3176 Ndobe Str, Vosloorus	083 454 1391	Faxed on 23/12/05	Yes	
P	September	10408 Ext 14	083 402 157	Happy	Community	
T. R	Zulu	10631 Ext 14	072 526 6841	Happy	Yes	
T. D.	Mathlanyine	10579 Ext 14	011 863 1939	Happy	Community	


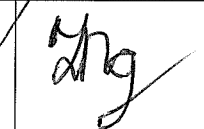
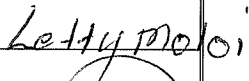


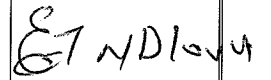
First Name	Last Name	Address	Telephone/E-mail	Concerns	Involvement	
Thato	Kotope	11141 Ukhoko Str	072 144 1408	Happy	Community	
Margaret	Nsibande	10607 Ukufika Str	011 906 3614	Happy	Community	
Susan	Mlotshwa	10336 Lerum Str	083 525 5214	Happy	Community	
Z	Hlikitshwa		072 269 7765	Happy	Community	
Elsie	Nkosi	11385 Ext 14	072 684 1311	Happy	Community	
Duduzile	Yende	11449 Ext 14	011 863 6231	Happy	Yes	
Sipho	Molilo	10379 Ext 14	083 491 9953	Yes	Yes	
John	Nkanyane	10287 Ukufika Str, Ext 14	073 206 2361	Happy	Community	
Sylvia	Lala	11135 Ukusuka Str, Ext 14	073 543 4012	Very Happy	Community	
Alice	Solomons	11341 Idelangozi, X14	084 830 3023	Very Good	Catering	
B	Mahlangu	10330 Lerumo Str, Ext 14	076 316 3354	Good	Community	
Andrie	Dube	11749 Ext14	073 247 0661	Very Replay	Yes	
Nonhlanhla	Phoswa	10510 Ext 14	011 706 1045	Yes		
Duduzile	Nkosi	10626 Makhura Str	072 863 3415	House	Community projects	
Luvuyo	Thanda	11674 Ithamba Str	011 963 8553	Yes	Yes	
Lucas	Kgwete	11298 Umkhamba Str	072 689 2819	Yes Very Good	Yes	
Blova	Mzilingisi	11118 Ukhoko Str	076 544 2966	Good	Yes	
B	Mkampule	11491 Ext 14	083 964 6515	Good		
L.	Fakude	11023 Lerumo Str.Ext 14		Good	Yes	
P. B.	Mthembu	11769 Umkomiso Str, Ext 14		Very very happy	Community	
Kathy	Taggart	<a href="mailto:kathy@nss-sa.co.za">kathy@nss-sa.co.za</a>	011 7877400	Undertaking Environmental Impact Assessment	EIA Consultant	
Betty	Nguza	10610 Ukufika Str, Ext 14, Vosloorus	083 736 2098	Happy	Community	
Sbusiso	Themba	11739 Irhamba Str	082 686 5461	Happy	Community	
Sammy	Mabasa	10432 Sefofane Str, Ext 14, Vosloorus	084 470 2803	Happy	Community	
Stanly	Maloka	11633 Nyamazana Str, Vosloorus		Happy	Community	
Mike	Mozamu	11125 Khokapo Str, Vosloorus	073 155 1326	Happy	Community	
Victor	Modisha	11548 Ext 14, Vosloorus	072 674 0446	Happy	Community	
Elina	Mabaso	10469 Ekhanale Str, Ext 14, Vosloorus		Happy	Community	
Jacob	Seading	10438 Umqhika Str. Ext 14		Happy	Community	
J. M.	Ndlovu	110900 Ukhoko Str, Vosloorus	011 863 7366	Happy	Community	
William	Jele	10309 Lerumo Str, Vosloorus		Happy	Community	
Steven	Mafuma	10627 Makhura Str, Ext 14, Vosloorus		Happy	Community	
Tshepo	Motaung	10615 Makhura Str. Ext 14		Happy	Community	
Christina	Mofokeng	11145 Ukhoko Str	083 536 7715	Happy	Community	
M. V.	Mkhize	7166 Ext 9, Vosloorus	082 090 8709	Happy	Community	
Andries	Mnguni	11374 Mgaguli Str, Ext 14	011 863 8016	Happy	Community	
Lina	Zulu	11356 Gelangosi Str, Ext 14		Happy	Community	
Lekgotcajam	Motlaung	271 Mokoena Str, Kathehong	072 105 5061	Happy	Painting	
E	Malobola	10859 Ukusuka Str	072 222 7402	Happy	Community	
Themba	Nkosi	11389 Umgaguli Str	011 863 6775	Happy	Community	
Elizabeth	Zitha	10874 Ukufika Str, Ext 14	073 421 8249	Happy	Community	
Sambo	S	11496 Delangosi Str		Happy	Community	
Samson	M	10978 Ext14	073 446 4622	Happy	Community	
Zolu		10676 Ext 14	011 863 3991	Happy	Community	
John		10945 Ext 14		Happy	Community	
Feda's		11155 Ext 14	011 863 8518	Happy	Community	
Sipho	Nkosi	11678 Ithamba Str, Ext 14	011 863 7581 / 084 016 3088	Happy	Community	
P	Tshalana	10377 Ext 14	073 801 2648	Happy	Yes	
Rebecca	Sibiya	P. O. Box 1248, Rusloo, 1475	011 899 4457 / 076 560 4160	Still to be seen	Community	
Annah	Mndameni	10329 Lerumo Str	076 414 146	As above	Community	
Mathanwa	Menuniso	10926 Isitula Str, Ext 14	084 631 7517	We not informing ward Council and due presentation before commencements	Vosloorus Development Forum	
Bheki	Hlebelo	11345 Ext 14	073 575 1090	Happy	Community	
Thami	Malaza	10548 Morena	072 049 1247	Yes	Community	
Klaas	Serite	10886 Ukufika	076 122 9564	Yes	Community	
Bheki	Hlebelo	11345 Ext 14	073 575 1099	Happy	Community	



First Name	Last Name	Address	Telephone/E-mail	Concerns	Involvement	
E	Kubyane	11123 Ext 14		Yes	Community	
Tshepo	Motaung	10628 Ext 14	082 260 5818	Yes	Community	
Thandie	Nkosi	10881 Ext 14		Yes	Community	
Vusi	Maseko	10307 Ext 14		Yes	Community	
Isaac	Motaung	11034 Ext 14		Yes	Community	
Phindile	Zukazi	10628Ext 14	072 752 8908	Yes	Community	
Victor	Mabasa	10403 Ext 14	073 147 2323	Yes	Community	
Thembi	Ntshangase	10588 Makhura Str	082 681 4481	Good	Yes	
Fikile	Hadebe	10593 Ubhaqa Str	072 089 9470	Good	Yes	
Elizabeth	Mbokazi	1157 Ukhoko Str	076 541 7124	Good	Yes	
Zacharia	Statu	11702 Mkhamba Str	083 991 2578	Good	Yes	
Mxoisi	Masuku	10462 Ukufika Str	082 267 8461	Good	Yes	
Manda	Twala	10728 Uswazi Str	073 333 7854	Good	Community	
Thulani	Mazibuko	10881 Ukufika Str	084 418 5286	Good	Yes	
Samkeliso	Thwala	10280 Ukufika Str	078 162 6863	Good	Yes	
Isaac	Moqashoa		072 787 2818	We want only people of Vosloorus to be employed. We also want the hospital to be managed properly unlike the present hospital.		
Ntabeni		11370 Omgaguli Str, Vosloorus	072 228 9062	Could there be enough hospitals to go around in case of an emergency. When ambulances take too long to respond to a call people die. I would be happy if they could be helped on time		
Fenny	Letswalo	11153 Ukhoko Str, Vosloorus	072 137 5965	I request that there be enough ambulances to go around. I would also love to see service delivery being improved when we are admitted in the hospital. We would love to be treated decently if the hospital comes to Vosloorus.		
Johannes	Nengome	11018 Lerumo Str, Ext 14, Vosloorus	082 767 4826	It is good to be close to the Hospital. We don't need transport. It is also good that there is opportunities to find work near our homes. I'm happy that peoples lives wont be in danger because of the area in which the hospital will be built in.		
Sipho & Dudu	Dlamini	10963 Impofu Str, Ext 14, Vosloorus		I'm happy to have the hospital close to us and hope that there will be opportunities for work.		

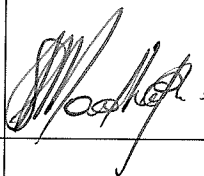
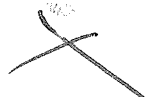


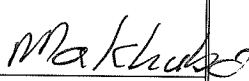


# INTERESTED AND AFFECTED PARTIES




## Proposed new Natalspruit Hospital, Vosloorus Delivery of Briefing Documents

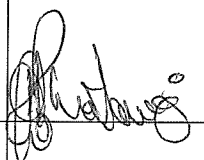

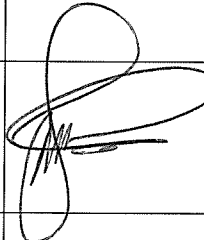
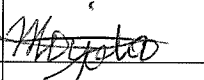
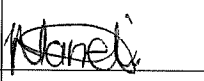
DATE	NAME	CONTACT DETAILS			
		Address	Telephone	E-mail	Signature
13 December 2005	Touch Mncube	10310 P Chairperson Ext 14	072 657- 2387		
13/12/05	Thami Ngubane	<del>10344</del> 10340	011 863 2430		
13/12/05	Letty Mlcoi	10334 Ext 14	073 638 5099		
13/12/05	SIMAH	10336	073 298 3030		
13/12/05	Amos	10923	082 972 3509		
13/12/03	E. Ndlovu	10235	011 863 3408		
13/12/05	Isabel Damayi	10323	083 3530 219		

# INTERESTED AND AFFECTED PARTIES

## Proposed new Natalspruit Hospital, Vosloorus Delivery of Briefing Documents

DATE	NAME	CONTACT DETAILS			
		Address	Telephone	E-mail	Signature
13/12/05	EGNES	10338 EXT 14	011-863-2213		
13/12/05	MATHAH	10337 EXT 14	N/A		
13/12/05	MAGDELINE	10335 EXT 14	0045013254		
13/12/05	D. Cili	10332 EXT 14	0731619341		
13/12/08	Johanna	10331 EXT 14	072.90691004		
13/12/05	Rebecca	10327 EXT 14	011-863-3786		
13/12/05	Ntombikayise	10326 EXT 14	072 1840 787		

DATE	NAME	CONTACT DETAILS			
		Address	Telephone	E-mail	Signature
13/02/05	Phindile Mtambo	10324	072 973 5859		
13-02-05	JOHN MASEKO	10319.	H/A.		X
13-02-08	Rose senwani	<del>011 863</del> 10318	011 863 0549.		Rose
13/02/05	ZENZILE	10608	083 743 1613		Z.I.
13/02/05	COMFORT	10609	084 3236 998		Tou
13/12/05	SINAH	10843	(011) 863-1224		
13/12/05	SELLO	10357	072 185-6255		

DATE	NAME	CONTACT DETAILS			
		Address	Telephone	E-mail	Signature
13/12/05	UJ Phatees Phatosi	10322 herumo st Ext 14	072 824 7364		
13/12/05	fikile Masuku	10462 Ext 14 UKHIMQHIKA ST.	0727266877		
13/12/05	-Howe Empty	10466			
13/12/05	Junior Mopokeng	10341	076 539 4540		
13/12/05	Mavis	10356	083 980 7696		
13/12/05	Nokuthula	10345	083 491 2760 or (011) 863 - 3997		

## **NOTICE OF AN ENVIRONMENTAL IMPACT ASSESSMENT PROCESS FOR THE CONSTRUCTION OF A NEW HOSPITAL IN VOSLOORUS, GAUTENG**

Notice is given in terms of Regulation 4(6) of the regulations published in Government Notice No. R. 1183 under Section 26 of the Environmental Conservation Act (Act No. 73 of 1989) of intent to carry out the following activity:

The construction of the new Natalspruit Hospital in Vosloorus. The proposed 760 bed regional hospital implies a comprehensive Primary Care Service up to General Practitioners level and first line Specialist service for in patients, out patients, as well as the provision of emergency services.

The selected site for the new hospital has existing sports facilities that will be reconstructed on another site prior to the construction of the new Natalspruit hospital.

The commissioning of the project is scheduled for April 2006. The work will be carried out to the satisfaction of the Gauteng Department of Agriculture, Conservation and Environment, Department of Health and the Department of Public Transport, Roads & Works.

Jones and Wagener (Pty) Ltd and Natural Scientific Services CC. have been appointed to undertake the environmental assessment process for the Department of Public Transport, Roads & Works.

Interested persons may contact Beth Candy for details of the project. A Register of responses will be opened, and all comments will be recorded. Any concerns you have should be forwarded (in writing) to:

**Beth Candy**  
**Jones & Wagener (Pty) Ltd**  
**P.O. Box 1434**  
**Rivonia**  
**2128**  
**Fax:** (011) 519-0201  
**E-mail:**candy@jaws.co.za

You can also phone on (011) 519-0200.

In order to ensure that you are identified as an interested and affected party please submit your name, contact information and interest in the matter to Beth Candy within 30 days of publication of this advertisement.

## **KENNISGEWING: OMGEWINGSIMPAKSTUDIE VIR DIE KONSTRUKSIE VAN DIE NUWE HOSPITAAL IN VOSLOORUS, GAUTENG**

In terme van Regulasie 4(6) van die regulasies wat in Regeringskennisgewing Nr. R1183 onder Artikel 26 van die Wet op Omgewingsbewaring (Wet Nr. 73 van 1989) afgekondig is, word hiermee kennis gegee van die voorneme om die volgende aktiwiteit uit te voer:

Die konstruksie van die nuwe Natalspruit Hospitaal in Vosloorus, Gauteng. Die voorgestelde 760 bed streekshospitaal sal 'n omvattende Primêre Sorgdiens tot op Algemene Praktisyn vlak en eerste orde Spesialisdienste vir pasiënte en buitepasiënte, asook nooddienste, verskaf.

Die voorgestelde terrein vir die nuwe hospitaal het bestaande sportsfasiliteite wat na 'n ander terrein verskuif sal word voordat konstruksie van die nuwe Natalspruit hospitaal sal begin.

Die projek is geskeduleer om in April 2006 te begin. Werk sal gedoen word tot die tevredenheid van die Departement van Landbou, Bewaring en Omgewingsake, die Departement van Gesondheid en die Departement van Publieke Vervoer, Paaie en Werke van die Gauteng Provinsiale Regering.

Jones & Wagener (Pty) Ltd en Natural Scientific Services CC. is aangestel om die omgewingsimpakstudie namens die Gauteng Departement van Publieke Vervoer, Paaie en Werke te onderneem.

Belanghebbende persone kan Beth Candy kontak vir details van die projek. 'n Register van belanghebbende partye sal ge-open word en alle kommentare ontvang sal opgeteken word. Kommentaar moet skriftelik verskaf word aan :

**Beth Candy**  
**Jones & Wagener (Pty) Ltd**  
**Posbus 1434**  
**Rivonia**  
**2128**  
**Faks:** (011) 519-0201  
**E-pos:** [candy@jaws.co.za](mailto:candy@jaws.co.za)

U kan ook (011) 519-0200 skakel.

Om te verseker dat u as belanghebbende en geaffekteerde party geregistreer word, verskaf asseblief u naam, kontakbesonderhede en spesifieke belangstelling in die projek aan Beth Candy binne 30 dae van die publikasie van hierdie advertensie.



## **UKUQOPHWA KWEZENDALO NGOKWAKHIWA KWESIBHEDLELA ESISHA EVOSLOORUS, GAUTENG**

Ninikwa isaziso ngokomthetho uRegulation 4 (6) wemithetho eyapapashwa kwi Government Notice No. R. 1183 phansi kwa Section 26 we Environment Conservation Act ( Act No. 73 of 1989)

Ngenhloso yokwenza lezinto ezilandelayo:

Ukwakhiwa kwesibhedlela esisha esizobizwa Natal Spruit Hospital eVosloorus Gauteng. Lesi sibhedlela senginqi sizoba nemibhedo eyi760. Sizosiza umphakathi ngePrimary Health Care Service. Sizoba nodokotela abajwayelekile kanye nabodokotela abavelele kwezithize izifo nokugula.

Indawo ekuzokwakhiwa kuyo isibhedlela esisha inamabala wemidlalo. Lamabala azokwakhiwa kwenye indawo. Isibhedlela sizogala ukwakhiwa uma lamabala eseqediwe ukwakhiwa.

Amalungiselelo wokwakhiwa kwesibhedlela azogala ngo April 2006. Isibhedlela sizokwakhiwa ngendlela ezogculisa iDepartment of Health ne Department of Public Transport, Roads & Works.

I-Jones & Wagener (Pty) Ltd ne Natural Scientific Services CC. ziqashwe ukuthi ziqophe ngezendalo ngokwakhiwa kwesibhedlela. Konke lokhu zikwenza ngesicelo seDepartment of Public Transport, Roads & Works.

Abafuna ukwazi kabanzi ngokwakhiwa kwalesisibhedlela bangaxhumana no Beth Candy. Ibhuku lokubhala yonke into ebuzwayo noma eshiwoyo lizovulwa. Futhi uma kunezikhalo, kucelwa ukuthi zibhalwe phansi bese zithumelwa kuBeth Candy kulekheli elingaphansi:

**Beth Candy**  
**Jones & Wagener (Pty) Ltd**  
**P. O. Box 1434**  
**Rivonia**  
**2128**  
**Fax : (011) 519 0201**  
**E – mail : [candy@jaws.co.za](mailto:candy@jaws.co.za)**

Inombolo yocingo lwehovisi engasethsenziswa ithi (011) 519 – 0200

Ukuze sazi ukuthi ungumuntu oxhumanayo futhi onenkathalo ngokwakhiwa kwalesisibhedlela sicela ukuthi usibhalele incwadi enegama lakho, ikheli lakho kanye nenombolo yocingo. Ube sewubhala isikhalo noma umbono wakho kulencwadi ngesikhathi samalanga angamashumi amathathu emva kokukhishwa kwalesaziso ephepheni.

ATT: BETH CANDY

BURG ADVERTISER, FRIDAY, 16, DECEMBER 2005

**SCHOOL LEAVER**  
(2003 - 2005)Required as workshop  
assistant. Maths essential.  
Bononi area.Fax one page CV to  
011 422 6581.  
RN008944**STOREMAN  
REQUIRED**With experience in  
stock control &  
ordering. Salary  
negotiable. Own  
transport essential.  
To start January  
2006.Fax 3 page CV to  
011 827-3539

MS003242

**SUPERVISOR  
REQUIRED**For 5 man  
glazing team.  
Must have driver's  
licence.  
To begin  
9 January 2006.Please fax  
1 page CV to  
011 917 4885**SUPERVISOR**Contract catering/  
housekeeping.  
Clinic in Spartan.  
3 yrs, supervisory  
housekeeping exp.  
M/ment skills.  
Empathetic.  
Interest in catering.  
Work shifts  
+ every 2nd  
weekend.Own transport  
recom.FAX  
CONCISE C.V.  
011 900 1139  
E-mail  
jbrink  
@pitseng.co.za**0825  
HAIRDRESSING &  
BEAUTY/****BEAUTY  
THERAPISTS  
HAIRDRESSERS  
NAIL TECHNICIANS  
REQUIRED****0855  
SALES / MARKETING/**A COMPANY IN  
BEDFORDVIEW IS  
LOOKING FOR MEDICAL  
MARKETERSR6200,00 Basic + Comm +  
Bonuses.  
Training provided  
Own car essential  
Holiday Workers welcome

Contact (011) 455-5444

AL001142

**AN OPPORTUNITY FOR  
MARKETERS WHO  
ENJOY A CHALLENGE TO  
START IMMED.**\* R6200 BASIC + COMM  
TRAINING PROVIDED  
\* NO DOOR TO DOOR  
\* OWN CAR ESSENTIAL

Call (011) 422-3201

AL001140

**AT LAST!!  
A CAREER  
FOR YOU**Our established  
company seeks  
motivated candidates  
with a positive  
attitude!!The world of sales/  
management  
awaits you  
Rapid Promotions  
R7 500 + Comm  
Full Company training  
Provided.Own transport  
essential**DON'T DELAY!!  
CALL 011 917 5111  
Earn your  
X-Mas bonus now!!****CO. EXPANDING**  
USA Based Co. Est. 1914  
expanding.  
Career opportunity with  
rapid promotions to start  
imm.  
co. training to management.  
No exp. nec.  
**MUST BE AMBITIOUS  
+ HARDWORKING**  
\* R11 800 to start.  
\* Plus comm.  
\* Plus bonuses.  
\* Plus incentives.  
\* Med Aid.  
\* Appts sat by co.  
\* Own car essential  
DIAL 011 809 2119 NOW

LR008282

**FAST  
GROWING  
COMPANY**Telemarketing  
personnel required  
bilingual and well  
spoken candidates  
need apply!**0860  
SECURITY/****JUNIOR AREA  
SECURITY  
MANAGER**with SIRA and  
driver's license.  
Experience  
necessary. To start  
January 2006.Fax CV to  
(011) 395 1873.

RN006359

**0870  
TECHNICAL/****COMPANY BASED  
NEAR THE EAST  
RAND MALL**Seeks to employ and  
train a young  
dynamic technical  
person in their  
engineering facility.  
Previous machining  
experience would be  
an advantage.Please fax CV's to  
(011) 826-7118

ME003249

**PLC/SCADA  
TECHNICIAN/  
ENGINEER**Leading System  
Integrator  
Company in  
Alberton  
R12-R20k/  
month.

ME003249

**SEND SHORT  
C.V. TO  
norman@age.co.za****0875  
TRADE/****FITTER REQUIRED**To fit kitchen cupboards as  
well as BIC's to start as  
soon as possible. Please  
contact Andre Botha on 083  
286 6492 or 083 282 6713  
urgently

ME003245

**2 X TRAINEE  
APPRENTICES**Applicant must have the  
following requirements:  
matric  
Mechanical & Electrical  
experience**C JAYS**Domestic Employment  
Agency. Are you looking  
for a domestic worker?  
Contact Cheryl 849-9635.  
RN00833A**WOMAN @ WORK**Trained Domestic Workers  
Office Cleaners/ Tea Ladies  
Standby Domestic for  
December Holiday  
Contracts & UIF taken care  
of by Woman @ Work.  
Phone Elize on  
011 913 4930  
RN00400**0900  
LEGALS/****0950  
LEGAL NOTICES/****NOTICE OF AN  
ENVIRONMENTAL IMPACT  
ASSESSMENT PROCESS FOR  
THE CONSTRUCTION OF A  
NEW HOSPITAL IN  
VOSLOORUS, GAUTENG**Notice is given in terms of  
Regulation 4(6) of the  
regulations published in  
Government Notice No. R. 1183  
under Section 26 of the  
Environmental Conservation act  
(Act No. 73 of 1989) of intent to  
carry out the following activity:  
The construction of the new  
Natalpruit Hospital in  
Vosloorus. The proposed 700  
bed regional hospital implies a  
comprehensive Primary Care  
Service up to General  
Practitioners level and first line  
Specialist services for in patients,  
out patients, as well as the  
provision of emergency services.  
The intended site for the new  
hospital has existing sports  
facilities that will be  
reconstructed on another site  
prior to the construction of the  
new Natalpruit hospital.  
The commissioning of the  
project is scheduled for April  
2006. The work will be carried  
out in the construction of the  
Gauteng Department of  
Agriculture, Conservation and  
Environment, Department of  
Health and the Department of  
Public Transport, Roads &  
Works.Jones and Wagener (Pty) Ltd  
and Natural Scientific Services  
CC, have been appointed to  
undertake the environmental  
assessment process for the  
Department of Public Transport,  
Roads & Works.  
Interested persons may contact  
Beth Candy for details of the  
project. A Register of responses  
will be opened, and all  
comments will be recorded. Any  
comment you have should be  
forwarded (in writing) to:  
Beth CandyJones & Wagener (Pty) Ltd, P.O.  
Box 1434, Rivonia, 2126. Fax:  
(011) 519-0201  
E-mail: candy@jawn.co.za  
You can also phone on (011)In order to ensure that you are  
identified as an interested and  
affected party please submit  
your name, contact information  
and interest in the matter to Beth  
Candy within 30 days of  
publication of this advertisement.

MS003207

**0951  
ADULT  
ENTERTAINMENT/****EXOTIC DANCERS  
NEEDED**For busy club on  
Coast.  
Training provided.  
We are open for the  
festive season.  
Excellent earning.  
Call 073 696 9080

RN006377

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**918-6067**

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ilbox. Buyers or letters  
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rge of the screening.  
the calls any longer,  
ge lets callers know.  
ed's new-generation  
as you read this ad.  
all (011) 916-5301 or  
tracy@caxton.co.za

# MENT, SOLD!

## 0820 GENERAL/

**SITE AGENTS**  
Experience an  
advantage. Drivers  
licence, proven track  
record  
**IR/HR OFFICER:**  
Experience  
necessary  
**VIP WAGE CLERK**  
Experience on  
premier job costing  
an advantage. Age  
18-25  
Good communication  
skills. Excel & Word  
necessary. Fax CV's  
to 815-5712

**BLOKMAN**  
Jongman benodig vir  
blokman posiesle -  
Boksburg omgewing.  
Tel Johan  
011 828 2321

**MARKETING  
OPPORTUNITIES!!!**  
Looking for energetic  
person that can work  
with the public.  
Must be fluent in  
English and a third  
language would be  
an advantage

## 0840 PART TIME / TEMPS/

**BE INDEPENDENT**  
Start your own business  
from home. For more info  
email name & address to  
084 520 6683.

**BE YOUR OWN BOSS**  
P/t time by advertising & fill  
envelopes. SMS name &  
address to: 076 507 8900

## 0855 SALES / MARKETING/

**AN OPPORTUNITY FOR  
MARKETERS WHO  
ENJOY A CHALLENGE TO  
START IMMED.**

\* R8200 BASIC + COMM  
TRAINING PROVIDED  
\* NO DOOR TO DOOR  
\* OWN CAR ESSENTIAL

Call (011) 422-3201

## INTERNAL SALES ENGINEER

Sought by Kempton  
Park Fan Engineering  
Company.  
Candidate to be  
Technically/ Business  
minded with good  
speaking/ writing/  
maths skills/ drivers  
licence.  
Please fax short CV  
to the Marketing  
Manager  
(011) 975-7176  
or e-mail to  
mlke@cfw.co.za

## TELEMARKETING VACANCIES

The candidate will  
be well spoken  
and hard working!  
Earn 26 p/h +  
Bonuses and  
incentives  
**Are you willing  
Call  
011 917 5111  
School leavers  
welcome**

## WANT TO START 2006 ON A GOOD NOTE??...

We offer  
\* Co. training to  
management  
\* No exp. nec.  
- R11 800 to start + comm +  
bonuses + incentives  
\* Med aid.

## 0860 SECURITY/

## S.O.B. GRADED SECURITY GUARD

Required by  
Transport Company  
to assist with the  
patrolling, checking  
and tracking of  
vehicles and  
property. Involves  
shift work.  
Grades E to C can  
apply. References  
necessary  
Must reside on the  
East Rand

Phone Fran  
for interview  
011 894 7661

## FIELD OFFICERS/ SUPERVISOR REQUIRED

Must have drivers  
licence  
Must have own  
transport  
Minimum Grade C  
with response  
Excellent package  
Contact 011  
397-2201 for  
appointment

## 0870 TECHNICAL/

**COMPUTER TECHNICIAN**  
Salary negotiable.  
Fax short CV with  
references to:  
011 873 5118

## 0875 TRADE/

**COMMERCIAL &  
DOMESTIC FRIDGE  
FREEZERS/ WASHING  
MACHINE TECHNICIAN**  
Required for January start.

Fax CV to 011 915 8280.  
082 495 0016

## 0890 DOMESTIC EMPLOYMENT WANTED/

## 0895 DOMESTIC EMPLOYMENT AVAILABLE/

**C JAYS**  
Domestic Employment  
Agency. I Am you looking  
for a domestic worker?  
Contact Cheryl 849-8635.

## WOMAN @ WORK

Trained Domestic Workers  
Office Cleaners/ Ten Ladies  
Standby Domestic for  
December Holiday  
Contracts & UIF taken care  
of by Woman @ Work.  
Phone Eliza on  
011 913 4930

## 0900 LEGALS/

## 0950 LEGAL NOTICES/

## NOTICE OF AN ENVIRONMENTAL IMPACT ASSESSMENT PROCESS FOR THE CONSTRUCTION OF A NEW HOSPITAL IN VOSLOORUS, GAUTENG

Notice is given in terms of  
Regulation 4(b) of the  
regulations published in  
Government Notice No. R. 1183  
under Section 28 of the  
Environmental Conservation Act  
(Act No. 73 of 1989) of intent to  
carry out the following activity:  
The construction of the new  
Natalpruit Hospital in  
Vosloorus. The proposed 700  
bed regional hospital implies a  
comprehensive Primary Care  
Service up to General  
Practitioner level and first line  
Specialist services for in patients,  
out patients, as well as the  
provision of emergency services.  
The selected site for the new  
hospital has existing sports  
facilities that will be  
reconstructed on another site  
prior to the construction of the  
new Natalpruit hospital.  
The commissioning of the  
project is scheduled for April  
2006. The work will be carried  
out to the satisfaction of the  
Gauteng Department of  
Agriculture, Conservation and  
Environment, Department of  
Health and the Department of  
Public Transport, Roads &  
Works.  
Jonas and Wengener (Pty) Ltd.  
and Natural Scientific Services  
CC have been appointed to  
undertake the environmental  
assessment process for the  
Department of Public Transport,  
Roads & Works.  
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Beth Candy for details of the  
project. A Register of responses  
will be opened, and all  
comments will be recorded. Any  
comments you have should be  
forwarded (in writing) to:  
Beth Candy

Jonas & Wengener (Pty) Ltd. P.O.  
Box 1434, Rivonia, 2120. Fax:  
(011) 519-0201. E-mail: candy  
@jaws.co.za.  
You can also phone on (011)

519-0200.  
In order to ensure that you are  
identified as an interested and  
affiliated party please submit  
your name, contact information  
and interest in the matter to Beth  
Candy within 30 days of  
publication of this advertisement.  
MS0003943

TO  
PLACE  
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AD  
HERE  
CALL  
916-5301  
FAX  
918-6067  
OR  
E-MAIL  
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CAXTON.CO.ZA  
BE  
WISE  
ADVERTISE

within a period of 28 days from 7 December 2005. Cell. No. 0828219138. (Star2570321).

# **NOTICE IN TERMS OF SECTION 5 (5) OF THE GAUTENG REMOVAL OF RESTRICTIONS ACT, 1996**

We, VBGD Town Planners being the authorised agent of the owner, hereby give notice in terms of Section 5 (5) of the Gauteng Removal of Restrictions Act, 1996, that we have applied to the City of Johannesburg for the removal of certain conditions contained in the Title Deed of Portion 25 (1) of Erf 190 Modderfontein Extension 2 Township, which property is situated at the intersection of Thornhill Road and Liege Avenue, Modderfontein and the simultaneous amendment of the Modderfontein Town Planning Scheme, 1994, by rezoning of the property from "Residential 2" with a density of 10 dwelling units per ha to "Residential 1" in order to accommodate three (3) erven, subject to conditions. Particulars of the application will be open for inspection during normal office hours at the office of the said authorised local authority on the 8th Floor, Room 8100, A Block, Metropolitan Centre, 158 Loveday Street, Braamfontein from 7 December 2005 until 4 January 2006. Objections to or representations in respect of the application must be lodged in writing with the said authorised local authority at its address and room number specified above or P. O. Box 30733, Braamfontein, 2017 on or before 4 January, 2006. Name and address of owner: VBGD TOWN PLANNERS, P O Box 1914, Rivonia, 2128. Date of first publication: 7 December, 2005 (Star2570180).

Objections to or representations in respect of the application must be lodged in writing with the said authorised local authority at its address and room number specified above or P. O. Box 30733, Braamfontein, 2017 on or before 4 January, 2006. Name and address of owner: VBGD TOWN PLANNERS, P O Box 1914, Rivonia, 2128. Date of first publication: 7 December, 2005 (Star2570180).

# **NOTICE OF APPLICATION IN TERMS OF SECTION 56(1)(b)(i) OF THE TOWN PLANNING AND TOWNSHIPS ORDINANCE, 1986 (ORDINANCE 15 OF 1986)**

**RANDFONTEIN AMENDMENT SCHEME 136**  
I, Petrus Jacobus Steyn of the firm FutureScope, being the authorised agent of the registered owner of the undermentioned properties, hereby give notice in terms of Section 56(1)(b)(i) of the Town Planning and Townships Ordinance, 1986, that I have applied to the Randfontein Local Municipality for the amendment of the Randfontein Town Planning Scheme, 1988 by the rezoning of Erven 584, 585, 586, 600, 602 and 603, Eikepark, Randfontein situated between Mossie Massyn and Johan Meyer Streets, from "Residential 1" to "Residential 3". Particulars of the application will lie for inspection during normal office hours at the office of the Municipal Manager, Municipal Offices, c/o Sutherland and Stubbs Street, Randfontein and FutureScope, 144 Carol Street, Silverfields, Kurgersdal, for a period of 28 days from 7 December 2005. Objections to or representations in respect of the application must be lodged with or made in writing to the Municipal Manager at the above address or at P O Box 218, Randfontein, 1760 and at FutureScope, P O Box 1372, Rant en Dal, 1751, within a period of 28 days from 7 December 2005 (Star2570229).

certain subject to certain conditions; "Special" subject to certain conditions; "Special" subject to certain conditions; "Private Open Space" subject to certain conditions. The relevant portions have been demarcated on a proposed subdivision diagram that is submitted with the application. Particulars of the application will lie for inspection during normal office hours at the Office of the Chief Executive Officer (Planning), City of Johannesburg Metropolitan Municipality, Metropolitan Centre, Braamfontein, "A" Block, 8th Floor, Room 8100, for the period of 28 days from 7 DECEMBER 2005.

Objections to or representations in respect of the application must be lodged with or made in writing to the Chief Executive Officer (Planning) at the above address or at PO BOX 30848, Braamfontein, 2017, within a period of 28 days from 7 DECEMBER 2005. ADDRESS OF AGENT: THEUNS VAN BRAKEL PP & PS PO BOX 3237 RANDBURG 2125 TEL: 781-9017 FAX: (011) 791-9018 CELL: 083-307-9243 FAX: (STAR 2564984)

# **NOTICE OF 2005 NOTICE OF APPLICATION FOR AMENDMENT OF THE TOWN PLANNING SCHEME IN TERMS OF SECTION 56(1) (b) (i) OF THE TOWN PLANNING AND TOWNSHIPS ORDINANCE, 1986 (ORDINANCE 15 OF 1986)**

**SANDTON AMENDMENT SCHEME**  
We, VBGD Town Planners being the authorised agent of the owner of Portion 9 of Erf 829 Dainfern Township, hereby give notice in terms of Section 56(1) (b) (i) that we have applied to the City of Johannesburg for the amendment of the Town Planning Scheme known as the Sandton Town Planning Scheme, 1980 for the rezoning of the property described above situated at 9 Cypress Drive, Willowgrove, Dainfern from "Residential 1" to "Residential 1" including a place of instruction, subject to conditions. All relevant documents relating to the application will be open for inspection during normal office hours at the office of the Executive Director, Development Planning, Transportation and Environment at 158 Loveday Street, Braamfontein, 8th Floor, A Block, Civic Centre, for a period of 28 days from 7 December, 2005 (the date of the first publication of this notice). Any person who wishes to object to the application or submit representations in respect thereof must lodge the same in writing with the said authorised local authority at its address and room number specified above or P. O. Box 30733, Braamfontein, 2017, on or before 4 January, 2006. Name and address of owner: VBGD TOWN PLANNERS, P O Box 1914, Rivonia, 2128. Date of first publication: 7 December, 2005. (Star2570013).

The work to be carried out to the satisfaction of the Gauteng Department of Agriculture, Conservation, Environment, Department of Health and the Department of Public Transport, Roads & Works. Jones & Wagener (Pty) Ltd and Natural Scientific Services CC have been appointed to undertake the environmental assessment process for the Department of Public Transport, Roads & Works. Interested persons may contact Beth Candy for details on the project. A Register of responses will be opened for comments. Any concerns you have should be forwarded (in writing) to: Beth Candy Jones & Wagener (Pty) Ltd P O Box 1434 Rivonia 2128 Fax: (011) 519-0201 E-mail: candy@jaws.co.za You can also phone (011) 519-0200 in order to ensure that you are identified as an interested and affected party and please submit your name, contact information and interest in the matter to Beth Candy within 14 days of publication of this advertisement (star2126354)

# **NOTICE OF APPLICATION FOR AMENDMENT OF TOWN PLANNING SCHEME IN TERMS OF SECTION 56(1)(b)(i) OF THE TOWN PLANNING AND TOWNSHIPS ORDINANCE, 1986 (ORDINANCE 15 OF 1986)**

**VANDERBULPARK AMENDMENT SCHEME H806**  
I, HCM PLANNING AND DEVELOPMENT CONSULTANT BEING THE AUTHORIZED AGENT OF THE OWNER OF ERF 1336, SITUATED IN VANDERBULPARK SOUTH WEST, 5 DVVSHIE REGISTRATION DIVISION I PROVINCE OF GAUTENG, HEREBY GIVE NOTICE IN TERMS OF SECTION 56(1)(b)(i) OF THE TOWN PLANNING AND TOWNSHIPS ORDINANCE, 1986 (ORDINANCE 15 OF 1986) THAT I HAVE APPLIED TO THE EMFULENI LOCAL MUNICIPALITY FOR THE AMENDMENT OF THE TOWN PLANNING SCHEME KNOWN AS VANDERBULPARK TOWN PLANNING SCHEME, 1987 BY THE REZONING OF THE PROPERTY DESCRIBED ABOVE, SITUATED AT 28 WENNING ST, VANDERBULPARK, SVYLS "RESIDENTIAL FROM 1" WITH A DENSITY OF 1 DWELLING PER ERF TO "RESIDENTIAL 1" WITH A DENSITY OF ONE DWELLING PER 1250 square metres. PARTICULARS OF THE APPLICATION WILL LIE FOR INSPECTION DURING NORMAL OFFICE HOURS AT THE OFFICE OF THE MANAGER, LAND USE MANAGEMENT, EMFULENI LOCAL MUNICIPALITY, 1ST FLOOR, OLD TRUST BANK BUILDING, C/O PRES KRUGER AND ERIC LOUV STREETS, VANDERBULPARK, 1911 FOR A PERIOD OF 28 DAYS FROM 14 DECEMBER 2005. OBJECTIONS TO OR REPRESENTATIONS IN RESPECT OF THE APPLICATION MUST BE LODGED OR MADE IN WRITING TO THE MANAGER, LAND USE MANAGEMENT, EMFULENI LOCAL MUNICIPALITY, AT THE ABOVE ADDRESS OR PO BOX 3 VANDERBULPARK 1900, OR FAX NUMBER 016 831 1747 WITHIN A PERIOD OF 28 DAYS FROM 14 DECEMBER 2005. ADDRESS OF AGENT: HCM PLANNING AND DEVELOPMENT CONSULTANTS, PO BOX 12390, LUMBER 1905 TEL: 932 3050/1/2 (STAR 2574385)

# **NOTICE OF LAND DEVELOPMENT AREA APPLICATION PROPOSED TOWNSHIP ESTABLISHMENT, RANDPARK RIDGE EXTENSION 130 (GDT/LDA/CJMM/1711/05/074)**

**NOTICE IN TERMS OF REGULATION 21 (8) (c) AND 21 (10) OF THE DEVELOPMENT FACILITATION REGULATIONS IN TERMS OF THE DEVELOPMENT FACILITATION ACT, 1995 (ACT 67 OF 1995)**  
MIDPLAN AND ASSOCIATES, TOWN AND REGIONAL PLANNERS, being the agent of the registered owner, PICTURE PERFECT TRADING 23 (Pty) Limited, has lodged an application in terms of the Development Facilitation Act, 1995, (Act 67 of 1995) for the establishment of a land development area on Portion 293 (A Portion of Portion 16) of the Farm Boschkop 199 IQ. The site is located on the south-western corner of Beyers Naude Drive and Christiaan de Wet Road in Randpark Ridge. The development will consist of the establishment of a residential township by the creation of 2 erven to be zoned "Residential 3" in terms of the Roodepoort Town Planning Scheme, 1987, at a density of 40 units per hectare, approximately 195 residential units. The relevant plans and documents are available for inspection at the offices of the DESIGNATED OFFICER: 15TH FLOOR, GAUTENG DEVELOPMENT TRIBUNAL, C/O COMMISSIONER AND SAUER STREETS, MARSHALLTOWN, for a period of 21 days from 07 DECEMBER 2005. The application will be considered at a Tribunal Hearing at "THE GABLES", C/O J. G. STRUDOM AND TENNIS ROADS, WELTEVREDEN PARK on 13 MARCH 2006 at 10h00 and the pre-hearing conference will be held at the same venue on 06 MARCH 2006 at 10h00. Any person having an interest in the application should please note: 1. You may within a period of 21 days from the date of the first publication (07 DECEMBER 2005) of this notice, provide the DESIGNATED OFFICER with your written objections or representations; or 2. If your comments constitute an objection to any aspect of the land development application, you must appear in person or through a representative before the Tribunal on the date mentioned above. Any written objection or representation must be delivered to the DESIGNATED OFFICER on the 15TH FLOOR, GAUTENG DEVELOPMENT TRIBUNAL, C/O COMMISSIONER AND SAUER STREETS, MARSHALLTOWN, and you may contact the DESIGNATED OFFICER if you have any queries on telephone number (011) 355-5068 and facsimile number (011) 355-5178. MIDPLAN AND ASSOCIATES, PO BOX 21443 HELDERKRUIJN 1733 TEL: (011) 764-5753 FAX: (011) 764-5753 (STAR 2565906)

or Edwards Avenue and President Kruger Street. Westonaria Township is to be rezoned from "Parking" to "Special" for taxi rank. AMENDMENT SCHEME 136 Erven 893, 894, a portion of Erf 891 and a portion of Erf 892, Westonaria, situated on the northeastern corner of Allen and Davies streets, Westonaria Township are to be rezoned from "Business" to "Special" for a taxi rank. AMENDMENT SCHEME 141 Erf 1800 up to and including Erf 1805 Simunye Extension 1, situated to the north of Mahatma Gandhi Avenue, Simunye Extension 1 Township are to be rezoned from "Industrial" to "Special" for a taxi rank. AMENDMENT SCHEME 134 Erf 1, Simunye situated on the northeastern corner of Kopana and Resakaga streets, Simunye township is to be rezoned from "Institutional" to partly "Business" and partly "Special" for a taxi rank. AMENDMENT SCHEME 142 The amendment of Clause 23(2)(b)(i) to add in the following wording "this subclause is not applicable to residential properties in Bekkersdal, Civic Centre, Township and Extensions" after the word "Area" and to add a new subclause 23(2)(b)(iii) which reads as follows: "Obtain in writing the comments of the registered owner's of all adjoining properties and submit these comments with the application". The purposes of the above amendment schemes are to create a definition for a taxi rank, to permit some of the erven to be developed with a taxi rank and to bring the zonings in line with the use. Particulars of the draft schemes will lie for inspection during normal office hours at the office of the Municipal Manager, Support Services, 1st floor, Civic Centre, Neptune street Westonaria for a period of 28 (twenty eight) days from 14 December 2005. Objections to or representations in respect of the application must be lodged with or made in writing to the Manager at the above address or at PO BOX 19, Westonaria, 1780, within a period of 28 days (twenty eight) days from 14 December 2005. T.F. MOPELOA Acting Municipal Manager Westonaria Local Municipality (star2572894)

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Communications s10239

## SOUTH AFRICAN POLICE SERVICE

**Generic requirements:** The generic minimum requirements applicable to the post, such as Secretarial course and typing skills. Applicants must display competency, proven experience and appropriate in the field of the advertised post. Applicants must be fluent in at least two of the official languages, of which one must be English.

### SENIOR SECRETARY GR II (SR5)

Salary: R60 915 per annum (Ref. PERS01/2005/01)

Section: Personnel Provision

National Head Office, Pretoria

**Additional requirements:** Grade 12 and computer literacy is essential.

**Core functions:** • Administer meetings • Render office administration • Render general reception services and make travel arrangements.

### SENIOR SECRETARY GRADE II

Salary: R60 915 per annum (Ref. PERS02/2005/01)

Section: Medical Administration

National Head Office, Pretoria

**Additional requirements:** Grade 12 and computer literacy is essential.

**Core functions:** • Administer meetings • Render office administration • Render general reception services and make travel arrangements.

**General:** • The above posts are at National level within the South African Police Service • Only the official application form Z83 will be accepted. All instructions on the application form must be adhered to, failure to do so may result in the rejection of the application. The application forms can be obtained from any Public Service Department or from any Recruitment Office within the South African Police Service • The post particulars and reference number of the post must be correctly specified on the application form • A comprehensive Curriculum Vitae must be submitted together with the application form • Certified copies of an applicant's ID document, all educational qualifications obtained and service certificates of previous employers stating the occupation, must also be submitted and attached to every application • Persons who retired from the Public Service by taking a severance package, early retirement for medical reasons, as well as persons with previous convictions, are excluded • Applications must be mailed timely. Late applications will not be accepted or considered • The closing date for applications is 30 December 2005 • If a candidate is short-listed, it can be expected of him/her to undergo a personal interview and typing test • Through the filling of the above-mentioned posts, applicants whose appointment will promote representativity may receive preference • The SAPS Commissioner may withdraw a post from the advertisement, re-advertise the post or fill the post by transferring a person at the same level where this is deemed to be in the interest of the service delivery • Correspondence will be conducted with successful candidates only • Placement of successful candidates will be at no cost to the State.

Please forward application to: The South African Police Service, Recruitment Section, Private Bag X94, Pretoria 0001.

Applications and enquiries can be directed to: Superintendent Kloppe at Room 616, 6th Floor, Wachthuis Pretorius Street, Pretoria 0001, tel. (012) 393-1103.



www.saps.gov.za

Human Communications s10241

## 1053 notices

### NOTICE

We are looking for Ms Stephina Totetsi with regard to the adoption of her daughter Mpho Totetsi born: 17/07/2004 Mrs Sannel Pollack and parents of Brenda May (assumed) who was abandoned in Extension 3, Lenasia on the 19/05/03. Anyone with information please contact Petunia Totetsi at (011)683-7200

### LOCAL AUTHORITY NOTICE EKURHULENI METROPOLITAN MUNICIPALITY AMENDMENT OF THE WATER SUPPLY TARIFFS

NOTICE IS HEREBY GIVEN, in terms of the provisions of section 10G(7) of the Local Government Transition Act, (Act 209 of 1993), read with section 75A(3) of the Local Government: Municipal Systems Act, (Act 32 of 2000) and section 80B of the Local Government Ordinance, (Ordinance 17 of 1939), that the Ekurhuleni Metropolitan Municipality at a meeting held on 24 November 2005, has resolved to amend the Water Supply Tariffs to provide for a customer audit and the adjustment of water meter factor errors. Copies of the resolution of the Metropolitan Council and full particulars of the amended Tariffs, are open for inspection during ordinary office hours at the offices of the Corporate and Legal Department situated at the Head Office Building: Germiston as well as at the Customer Care Centres in Alberton, Benoni, Boksburg, Brakpan, Edenvale, Germiston, Kempton Park, Nigel and Springs from 19 December 2005 to 20 January 2006. Any person who desires to object to the amended Tariffs shall do so in writing to the undersigned by not later than 20 January 2006.

P M Maseko  
City Manager  
Ekurhuleni Metropolitan Municipality, 2nd Floor  
Head Office Building, corner Cross and Rose Streets  
Private Bag X1069  
Germiston, 1400  
19 December 2005  
Notice No. 2/2006

13518597

### NOTICE OF ENVIRONMENTAL IMPACT ASSESSMENT PROCESS FOR THE CONSTRUCTION OF A NEW HOSPITAL IN VOSLOORUS, GAUTENG

Notice is given in terms of Regulation 4(6) of the regulation published in the Government Notice No. R 1183 under Section 26 of the Environment Conservation Act (Act No 73 of 1989) of intent to carry out the following activity: The construction of the new Natsalspruit Hospital in Vosloorus. The proposed 760 bed regional hospital implies a comprehensive Primary Care Services up to General Practitioners level and first line Specialist services for in-patients, out-patients, as well as the provision of emergency services.

The selected site for the new hospital has existing sport facilities that will be reconstructed on of the new Natsalspruit hospital. The commission of the project is scheduled for April 2006. The work will be carried out to the satisfaction of the Gauteng Department of Agriculture, Conservation and Environment. Department of Health and the department of Public Transport Roads & Works.

Jones & Wagener (Pty) Ltd and natural Scientific Services CC, have been appointed to undertake the environment assessment process for the Department of Public Transport Roads & Works. Interested person may contact Beth Candy for the details of the project. A Register of responses be forwarded (in writing) to: Beth Candy, Jones & Wagener (Pty) Ltd, P.O. Box 1434, Rivonia, 2128. Fax: (011)519-0201. E-mail: candy@jaws.co.za. You can also phone on 011 519-0200 in order to ensure that you are identified as an interested and affected party please submit (011) 519-0200

06521647

## 1060 tenders

## 1060 tenders

goals are: HDI Equity; SMME status; Job creation and Local (SA) content.

PLEASE NOTE THAT A VALID ORIGINAL OR CERTIFIED COPY OF A COMPANY'S TAX CLEARANCE CERTIFICATE (OR IN THE CASE OF A JOINT VENTURE, OF ALL THE PARTNERS IN THE JOINT VENTURE) MUST BE SUBMITTED WITH THE TENDER DOCUMENT.

Tender documents will be available as from Tuesday, 20 December 2005, on payment of a cash non-refundable document fee of R300.00 per set, at the Greater Groblersdal Municipality corner Grobler Avenue & Barlow Streets Tel: (013) 252-3055.

A compulsory site inspection will be held at 11:00 on Wednesday 22 December 2005. Prospective tenderers are requested to meet at the said date and time outside the offices of Greater Groblersdal Municipality's Main Entrance, Grobler Avenue Groblersdal from there we will all proceed to site.

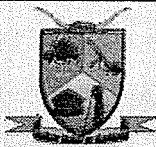
Contract documentation will not be available at the site inspection and the Engineer will not be available for inspection purposes on any other occasion.

Tenders are to be completed in accordance with the conditions and tender rules contained in the tender documents and supporting documents must be sealed and externally endorsed WITH THE CONTRACT NUMBER and DESCRIPTION and placed in tender box number on 10 January 2006. All tenders shall hold good for 90 days as from the closing date of tenders.

Tenders which are not received and/or deposited in the specified tender box before 12:00 on the closing date for the tender mentioned hereinbefore, will be marked as late tenders and such tenders shall in terms of the Procurement Policy of the Greater Groblersdal Municipality, not be considered by the Council as valid tenders.

Enquiries must be directed to Mr. T Mathabatha at telephone number (013) 692 6627/ 082 567 4413.

Tenderers' attention is specifically drawn to the provisions of the tender rules which are included in the tender documents. The lowest or any tender will not necessarily be accepted and the Council reserves the right not to consider any tender not suitably endorsed or comprehensively completed, as well as the right to accept a tender in whole or part. Tenders completed in pencil will be regarded as invalid tenders. TEL: FAX: OR E-MAIL: TENDERS ARE NOT ACCEPTABLE Mr. L J Kabini Greater Groblersdal Municipality The Municipal Manager Groblersdal 06521661



### TENDER NOTICE FETAKGOMO LOCAL MUNICIPALITY Ga-Machacha Rural Water Supply Scheme

Contract Number: FTM 01/06/W - Ga-Machacha Rural Water Supply Scheme  
Closing Date: Friday, 6th January 2006, 11h00  
Tenders are hereby invited for the supply of all labour, materials and equipment for the execution of all work related to the "Ga-Machacha Rural Water Supply Scheme". This tender is for:

• TESTING OF THE EXISTING BOREHOLES, DRILLING AND EQUIPMENT OF BOREHOLE, CONSTRUCTION OF THE RISING MAIN PIPELINE AND REHABILITATION OF THE COMPONENTS OF THE EXISTING RETICULATION NETWORK

Tender documents will be available in the following periods: 21st to 23rd December 2005, between 08:00am and 11:00am and 3rd to 5th January 2006 during office hours, at the offices of Fetakgomo Local Municipality, Mashung village, near Apel Police Station, upon payment of a non-refundable R250.00 (two hundred and fifty rands only). Only cash payments will be

## ment of Safety and Security

ordinate and assist in supporting community-based crime prevention projects in the regions • Co-ordinate and improve tourism safety by increasing awareness on the importance of tourism • Co-ordinate all moral regeneration programme with regional managers and stakeholders • Facilitate and co-ordinate Crime Prevention Forum training in municipalities • Facilitate and foster partnerships against crime • Co-ordinate department events programmes and rallies.

### ASSISTANT DIRECTOR: SOCIAL CRIME PREVENTION

Salary: R139 302 per annum (not negotiable) (Ref. 3/2/1 (Soc))

NELSPRUIT

**Requirements:** • An appropriate Bachelor's degree or equivalent qualification and five years' relevant experience • Managerial skills and good interpersonal relations • Prepared work under pressure and after official working hours • Good communication and writing skills • A valid driver's licence.

**Duties:** • Ensure co-ordination around social crime prevention programme and project • Support the three regions in the mobilisation of communities for maximum participation in crime prevention initiatives • Consolidate the three regions' monthly reports and action plans • Support the three regions on administration arrangement • Support the regions facilitating the capacity building of Community Policing units.

### ASSISTANT DIRECTOR: MEDIA LIAISON AND MONITORING

Salary: R139 302 per annum (not negotiable) (Ref. 3/2/1 (MM))

NELSPRUIT

**Requirements:** • An appropriate Bachelor's degree or diploma in Communication/Public Relations/Journalism or equivalent qualification with appropriate 3 years' experience in communication/journalism field • Good communication and writing skills • Computer literacy • A valid driver's licence.

**Duties:** • Co-ordinate media liaison and perform monitoring for department • Develop and maintain good relations with the media • Develop media policies for the Department • Plan and co-ordinate press conferences • Write press statements -

and implementing internet projects • Ensure adherence to standards • Work with the webmaster to update information on website • Brand the departmental events, including rallies and campaigns.

### COMMUNICATION OFFICER: MEDIA LIAISON AND MONITORING

Salary: R93 936 per annum (Ref. 3/2/1 (Com))

NELSPRUIT

**Requirements:** • A three-year Bachelor's degree/diploma or relevant experience in the communications/journalism field • Computer literacy, good communication and writing skills • A valid driver's licence.

**Duties:** • Arrange for the production, booking and placements or broadcasting of corporate advertisements used as part of a public relations programme • Assist in writing media releases, productive and reactive • Assemble the media on departmental and regional functions • Respond to media requests for information • Prepare the media kits for the departmental and regional events • Assist with the case studies for media coverage • Take photographs that will be utilised, by the Department in the newsletters and any other publications • Write articles for the newsletter and any other publications in the Department

Enquiries: N Sogayise, tel. (013) 766-4055.

### STATE ACCOUNTANT: FINANCIAL ACCOUNTING (ASSETS AND LIABILITIES)

Salary: R93 936 (Ref. 3/2/1)

NELSPRUIT

**Requirements:** An appropriate three-year Bachelor's degree or equivalent qualification in Economic Science and/or State Finance. The following will be recommended: • Knowledge of the PFMA, National Treasury Regulation and Provincial treasury instructions • Good presentation skills and the ability to liaise with personnel at all levels • Three-five years' experience in the field of financial accounting (assets and liabilities) • Knowledge of LOGIS, BAS • Computer literacy (MS Office) • Ability to work under pressure • Ability to solve financial problems.

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R109 900



1601 A/C P/S RT  
R76 900



2003 Toyota Corolla 140i FSH, A/C, P/S  
R89 900



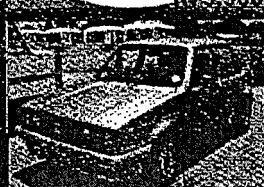
130 43000km R/T  
R56 900



1998 Renault Scenic 1.6 RT 135000km  
R75 900



1601 GLE 56000km  
R44 900



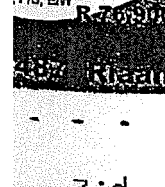
2002 CRI Chico 1.3 very clean  
R51 900



Elantra 1.6 GL Leather  
P/S, E/W  
R76 900



2002 Toyota Tazz Carri 112000km  
R46 900



1601 GLE 56000km  
R44 900

## NOTICE OF AN ENVIRONMENTAL IMPACT ASSESSMENT PROCESS FOR THE CONSTRUCTION OF A NEW HOSPITAL IN VOSLOORUS, GAUTENG

Notice is given in terms of Regulation 4(6) of the regulations published in Government Notice No. R. 1183 under Section 26 of the Environmental Conservation Act (Act No. 73 of 1989) of intent to carry out the following activity:

The construction of the new Natalspruit Hospital in Vosloorus. The proposed 760 bed regional hospital implies a comprehensive Primary Care Service up to General Practitioners level and first line Specialist service for in patients, out patients, as well as the provision of emergency services.

The selected site for the new hospital has existing sports facilities that will be reconstructed on another site prior to the construction of the new Natalspruit hospital.

The commissioning of the project is scheduled for April 2006. The work will be carried out to the satisfaction of the Gauteng Department of Agriculture, Conservation and Environment, Department of Health and the Department of Public Transport, Roads & Works.

Jones and Wagener (Pty) Ltd and Natural Scientific Services CC. have been appointed to undertake the environmental assessment process for the Department of Public Transport, Roads & Works.

Interested persons may contact Beth Candy for details of the project. A Register of responses will be opened, and all comments will be recorded. Any concerns you have should be forwarded (in writing) to:

Beth Candy  
Jones & Wagener (Pty) Ltd  
P.O. Box 1434  
Rivonia  
2128

Fax: (011) 519-0201 • E-mail: candy@jaws.co.za

You can also phone on (011) 519-0200.

In order to ensure that you are identified as an interested and affected party please submit your name, contact information and interest in the matter to Beth Candy within 30 days of publication of this advertisement.

1

**VORLOUOHUS, GAUTENG**  
Notice is given in term of Regulation 4(6) of the regulations published in Government Notice No R1183 under Section 26 of the

Environmental Conservation Act (Act No. 73 of 1989) of inland to carry out the following activity:

*The construction of the new Natsalshu Hospital in Natsalshu.*

The proposed 760 bed regional hospital implies a comprehensive Primary care Service up General Practitioners level and five Specialist service for patients, out patients, as well the provision of emergency services.

The selected site for the new hospital has existing sports facilities that will be reconstructed on another site prior to the construction of the new Natalspruit hospital. The commissioning of the project is

schedules for April 2006. The work will be carried out to the satisfaction of the Gauteng Department of Agriculture, Conservation and Environmental Department of Health and the Department of Public Transport.

Department of Public Transport, Roads and Works, Jones & Wagner (Pty) Ltd and Natural Scientific Services CC, have been appointed to undertake the environmental assessment process for the Department of Public Transport, Roads & Works. Interested persons may attend a public meeting at 08h30 on the 29th January 2016 at the

cnr of Ukufika and Ukusuka (all known as Umsukusa) road

persons may contact Beth Can

Beth Candy  
 Jones & Associates (Pty) Ltd  
 P O Box 1434  
 Rivonia  
 2128  
 Fax: (011) 519-0201  
 E-mail: candu@jaisw.co.za

**You can also phone on (011)-519-0200**


affected party please submit your name, contact information and interest in the matter to Beth candy within 30 days of publication of this advertisement.

publication of this advertisement. 07522333

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incentives...**

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**GAUTENG**  
DEPARTMENT OF PUBLIC TRANSPORT, ROADS AND WORKS  
DEPARTEMENT VAN OPEENBARE VERVOER, PAWEE EN WERKE

**Enquiries may be directed to Pieter Oberholtser at 011-688 1402**



## **Community leaders of the Vosloorus Extension 14**

**Touch Mncube – Chair Person**  
072 657-2387

**Vusi Dube – Economics**  
082 850-9444

**Manline Tsokodibane – Human Resources**  
083 768-1191

**P Tshalane – Sport**  
073 801-2648

**Wiseman Langa – CPF**  
072 297-2442

**Charles Mohlamonyane – Secretary**  
082 954-5667

# **PUBLIC MEETING**

## **PROPOSED NEW NATALSPRUIT HOSPITAL**














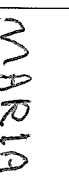


### **AGENDA**





**VOSLOORUS EXTENSION 14**  
**29<sup>th</sup> January 2006**  
**8h30**



- 1. Welcome & Introduction**
- 2. Background Information**
- 3. Environmental Impact Assessment**
  - a. Process being followed**
  - b. Specialist studies**
  - c. Bulk Services**
  - d. Sports fields**
  - e. Public Participation**
  - f. Timeframes**
- 4. Discussion**
- 5. Way Forward**
- 6. Closure**

**PUBLIC MEETING FOR  
THE CONSTRUCTION OF THE NEW NATALSPRUIT HOSPITAL AT VOSLOORUS  
29<sup>th</sup> January 2006**

NAME	POSTAL ADDRESS / PHYSICAL ADDRESS / E-MAIL	CONTACT NUMBERS	COMMENTS/ CONCERNS	INTEREST IN PROJECT (e.g. community leader, adjacent land owner)	SIGNATURE
Govu Ntshise	10310 Leewards St Vosloorus.	072657 2387	Very Mean happy	Chairperson.	
Livetha Ntshona	11250 ECPOLASH Vosloorus.	011 863-6303	" "	Lessee	
Munisi Sezeribe	11434 MOTSE STR Vosloorus	N/A	Very happy but we also have jobs.	Secretary	
Papie Leon Goane	10374 Sifufane St Ext 14 Vosloorus	0731975993	Happy	Community	
Timothy Phiri	10941 ISITHALE STREET Ext 14 Vosloorus	011 863 1422.	Happy	organiser	
Isaac Malisa	11215 Klokhe Street Ext 14 Vosloorus	011 863 1002	Happy That we will have jobs	community	
Thabata Ndlovu	Ext 14 10995 Thel Street 11362 Delamont Street Ext 14 Vosloorus	011 863 9734	Happy yet job.	community	
Jans Klaara	10995 Thel Street 11362 Delamont Street Ext 14 Vosloorus	0829757591	Happy yet job	community	
Charles BATHO	11515 Delamont Street Ext 14 Vosloorus	011 863 4128	Happy yet job	community	
Goodman Mafhe	11539 Ingamagone St Ext 14 Vosloorus	011 863 7242	Happy " "	community	
Simon Mafapile	10615 Mathura Street Ext 14 Vosloorus	011 863 6184	Happy " "	community	
Elizabeth Mogaletse	10567 Mathura Street Ext 14 Vosloorus	083 94 754 62	Happy Very happy	community	
Maria Mkujuana	10743 Morera Street Vosloorus	011 863 2714	Very happy	community	MARIA
Isheky Hlatshwaye	10772 Macpet Street Ext 14 Vosloorus	073 252 6196	Very happy	community	
Lindi Mngomezulu	10322 Lamine Street Ext 14 Vosloorus	072 47 66103	Very happy	community	
Lindwe Phatosi	Vosloorus	072 824 7364	Very happy	community	L.T. Phatosi








NAME	POSTAL ADDRESS / PHYSICAL ADDRESS/ E-MAIL	CONTACT NUMBERS	COMMENTS/ CONCERNS	INTEREST IN PROJECT (e.g. community leader, adjacent land owner)	SIGNATURE
Johu Motubutso	10277 uMafika Street Ext 714 Vosloorus	011 863 2294	Very Happy	Community	
Thembu Blamini	10130 Suda Street Ext 14 Vosloorus 10663 Boga Street Ext 14 Vosloorus	011 863 2947	Very happy	Community	Thembu
Sherpie Molefshu	10509 Morena EXT 14 Vosloorus	073 7121215	Very happy	Community	Sibonile
Melona Mngweni	10834 Macpiti Street Ext 714 Vosloorus	072 2086191	Very happy	Community	
Timothy Kuthaka	10877 uMafika St Ext 714 Vosloorus	011 863 2076	Happy	Community	
Elias Mabasa	11700 Umelamla St Ext 14 Vosloorus	011 863 1700	Happy	Community	
Obel Sibanyeni	12352 Umbhal Street Ext 14 Vosloorus	082 906 9161	Happy	Community	
Silwe Bila	10653 Ubhaga Street Ext 14 Vosloorus	N/A	Happy	Community	
Maria Nkosi	11442 Mgawu Street Ext 14 Vosloorus	N/A	Happy to get job	Community	M Mky
Nombulele Mgeda	10616 MAKHULA ST Ext 14 Vosloorus	076 1128903	Very happy	Community	Nombulelo
Albert MABUNDA	11634 Nyama Road	0763282942	Happy	Community	
George Mnguni	EXT 14 Vosloorus 11653 IRHUMBA ST	0783185422	Happy	Housing	George
Tami Molebelo	EXT 14 Vosloorus 11851 BELANBOZI	0837314694	Very happy	Health Dept	
Shepo MHPANE	EXT 14 Vosloorus 11394 Macauli Street Ext 14 Vosloorus	078649522	Happy	Community	
Bethy Ngwenya	N/A	N/A	Happy	Community	S B Ngwenya
P. Jenga	11314 EXT 14	0780091454	Very much happy	"	
CHARLES MOKAMONYANE	10569 Ext 14	0829845667	Very Happy	Community leader	M.



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BATANA MALAZA	Ext 14 11029 KEDUNO	0731653757	We are happy to hear that they are building a hospital next to us, and looking for a job. We want jobs.	I'm doing all labour.	B. Muzwa
Jonas Khumbule	10871 UKUSIKAST EXT 14	0834323577		Carpentry Sliding Door	J. V. Atthambule
George Mophethle	371/18 Phase 1 EXT 28 Vosloorus	0826202836	I'm seeing that, especially it is to small for that. I think it is better on the other side of road.	community leader Contractor	P. M. M. M. M.
Nilsan Bayana	11566 Nyamazana St EXT 14	0842885006	I happy to have a hospital next to us, and I'm looking for a job.	Helping the community	WILSON
Johani Mqengeti	11603 Dfanyanzana EXT 14	0725670260	I'm happy to have the hospital here.	Helping the community	S. M. M. M.
Samson Kopolo	11574 Nyamazana EXT 14		I'm happy to have a hospital here	Helping community	P. M. M. M.
Ischmeria Siga	11702 Mthembu EXT 14	0839912578	I'm happy to have a hospital here.	Helping the community	S. M. M. M.
Iphe Ntsho	9C Area for. Kopekone 10954 KETUNO St	084 332 0156	Is ok for the betterment of community Facilities should really be where the people are.	Helping the community Security & safety Proj. Mgr. M. M. M.	M. M. M.
Janah Molaala	Ext 14 Vol 100.	083 713 8310			M. M. M.
Jeani Thia	11635 EXT 14	0837601949			M. M. M.
J. F. Moko Kena	132 Porton 28	072 706 2577	YES	Helping the community Security & safety Proj. Mgr. M. M. M.	M. M. M.
M. J. SETHESO	11663 EXT 14	0728082566	DOCTORS TO BE AVAILABLE AT NIGHT CARING NURSES	Helping the community Security & safety Proj. Mgr. M. M. M.	M. M. M.
Richard Molele	11185 EXT 14	0727093814	YES	Helping the community Security & safety Proj. Mgr. M. M. M.	M. M. M.
S. LIBERT SAGI	11186 EXT 14	082 6443794	YES	Helping the community Security & safety Proj. Mgr. M. M. M.	M. M. M.
S. Sobobla	11310 EXT 14	083-7354598	We would love to have the hospital here.	Helping the community Security & safety Proj. Mgr. M. M. M.	M. M. M.
S. Siga	10312 EXT 14	0835084508	Approved and happy	Helping the community Security & safety Proj. Mgr. M. M. M.	M. M. M.


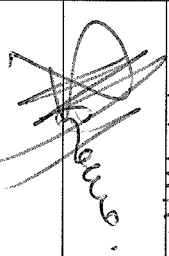

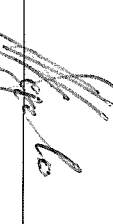


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Kir Lepekere	10279 UKhetika EXT 14	084 896 8317	I'm happy to hear that they are building a hospital here.	—	K.R. Letker.
Kheena Zulu.	11356 Delalungozi Stn Vosloorus	—	very happy	—	Zulu.
G. Khumalo	11364 Delangosi Street	—	Very happy	—	G. Khumalo
V.H. Sumela	11361 Delangosi Street	010 7817583	Very happy	—	Sumela.
Mazwi Nkuthubano	3178 Ntobele St Vosloorus 197	083 429 5193	I A MEMBER OF VOSLOORUS NEIGHBOURHOOD FORUM	—	
Keneilwe Mosiane	11148 MENDINDI St VOSLOORUS EXT. 14	083-572-8390	PLEASURE	—	Mosiane
KONGANI MASHINI	10793 Morobe Str. 1	(011) 868-6511	—	—	Mashini.
Sakie Katabane	No 6 Karamagwen 14 Tom Jones Str Benoni	011 845 4142 Fax: 011 845 4146	Happy	Electrical Mechanical Roofing	
Isaac P. Tshaka	8807 SAPPHIRE St R.D. TOKOZA 147	022 624 2463 011 860 1701	"	Painting, Caulking	
Simon Mazibuko	10692 Gilepe Ext 14	072 982613 084	HAPPY	Cleaning	
Isel Mokosi	10327 EXT 14 Vosloo	084 8130430	VERY HAPPY	GLASS WORKS	
Paul Mokone	10996 Tsheli 10924 Esintulo	—	Very Happy	TI LERD	
Busi Sibiga	Ext 14. 11495 Ndelangosi	—	Very happy	Cleaner	Busi Sibiga
Geoffrey Sibeko	Ext 14 11019 Lerumo St	—	Very happy	Footballer	
Glaelys Nqapisa	Ext 14 11341 IDELANGOZI Stn EXT 14	0765800292	Very Happy	Cleaner	Nqapisa
Prudence Solomons	P.O. Box 12638 Attention G	084 830 3023 Fax 011 860-9763 083 968 0952	Very Good A funfair meeting!	—	Solomons.
M. A. Gubisa	—	—	—	Comm leader	Gubisa









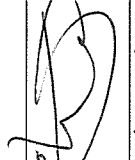
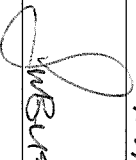



NAME	POSTAL ADDRESS / PHYSICAL ADDRESS/ E-MAIL	CONTACT NUMBERS	COMMENTS/ CONCERNS	INTEREST IN PROJECT (e.g. community leader, adjacent land owner)	SIGNATURE
JOSEPH N. TSHIMILIANA	P.O. Box 83800 South Hill 276 Jagajaga @ theed3vivi.co.zw	011 863-3966 083-866-7198	Very happy	NGATE to lead Botha members	
ROBERT MORGAN	11520 Adelaide St Unit 14 Violet	011 905-8388 082-394450	Very happy	PO's Construction Community	
ISAAC NGILO	11485 EXT 14 DEANSON ST Violet	072 3161168	Happy	Combating crime	
TERESA DINEANE	11386 EXT 14 DEANSON ST Violet	072 3161168	Very happy	To get a job	
TRENDY MADALANE	10931 EXT 14 DEANSON ST Violet	863 1597	Very happy	Community	
K8 MOKANYANE	11488 EXT 14 N6021 STR, VIOLET	073 2441747	Very happy	Combating crime	
DISEBO MASOEN	10933 ISITULO ST Violet	076 1750454	Very happy	Catering	
LARI TSHENGA	11593 X 14 10935 ISITULO ST Violet	073-1925182 863-9877	Very happy	Business and support	
THELMAR HOKO	11676 144MB4 ST EXT 14	863 1002	Very happy	Cleaners	
JOHN TSHIBIBANE		083 768 1191	SATISFIED	Community leader	

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Patrick Mlebele	10809 Moepe Street Vosloorus.	08354959021	-	yes	
MP Skhosana	10521 Moepepe Street Vosloorus	863-3692	Happy	-	MP Skos
Philiswa Shalede	10577 Makura Street Vosloorus	012 666 3118	Happy	Community	Shalede
Zenale Tshabalala	10608 Ukhafika Street Vosloorus	083 7431613	Happy	Community	Z. Tshabalala
Amra Tshabalala	11625 Inyamaane Street Vosloorus		Happy	Community	Y.
L Shalesha	11630 Inyamaane Street Vosloorus	013 0231670	Happy	Socials.	
Elsie Phakathi	11714 Sombane Street Vosloorus		Happy	Environment.	E. PHAKATHI
Hleekiel Mgisana	10612 Makura Street Vosloorus.	082 735 1115	Happy	Community	
Jefrey Muthike	10573 Makura Street Vosloorus	072 733 7828	Happy	Community	Jefrey
Arron Nkosi	11097 Ukhokho Street Vosloorus.		Happy	Community	Arron
Miriam Dine	11189 Motse Street Vosloorus		Happy	Community	Dine
George Jeq.	11367 Umqauli Street Vosloorus	811 863 6075	Happy	Community	G. Jeq
Elias Maseko	11246 URadio Street Vosloorus	084 8277746	Happy	Community	Elias
David Ngulwane	10518 Moepe Street Vosloorus	011 863 2307.	Happy	Community	
Reuben Sekgale	10766 Imadi Street Vosloorus	083 6563893	Happy	Community	
David World	11307 Umkhama Street Vosloorus	011 863 7906	Happy	Community	DAVID

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Malcolm Gema	10617 10310035 Makanda St Makondong-009-30, 1011407620	073444146	Needs copies of plan and also released in business	Business	Malcolm
Luci KHAMALO	10361 MPALH48# Vosloekas	0761819134	HAPPY	Em.	Luci
Joseph Mosia	10572 Makure Street Voslooru	082-5069965	Happy	Community	Joseph Mosia
KERONANG KOTORE	11141 Ukukulo	0731441408	Happy	Community	Keronang
ZAMEENI SLOLO	11702 Mkhumbi	083 9912578	Happy	Community	Slolo
Thulile Ngubeni	11139 Ukhokho Street 11511 Belangor	072-1850-170	Happy	Community	Thulile
Mphahlele Lephele	Street	082 694 5201	Happy	Community	Mphahlele
Samuel Ndabane	10469 Ikhandi St 10511 Makanda x14	0847375164	Happy	Community	Samuel
Nini Dube	10511 Makanda x14	8631047	Fine with project	Community leader	Nini Dube
Chowie Maziuko	x14 10891 Ukhokho St 676-1444475		Happy	Community	Chowie
Margaret Sindi	10229 Makanda x14	863-1702	Happy	Community	Margaret
Elizma Mafu	10334 x14	0736385099	Happy	Community	Elizma
Dikale Mthimunyane	10879 x14	084868680	Happy	Community	Dikale

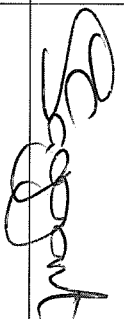















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Lucas M. Tshabalala	10370 Makurra Str	0825339998	Very happy	Yes <i>The BE route of road to BE a better</i>	
Sammy Mabasa	10452 SEFOFANESIA	0844702803	Nice	Yes	
Nelson Ntshane	11321 dekgazi ST	0767678452	Good Good	Yes	
ESABELA IFIKUDE	11023 LESUME STREET EXT 14	0729516699	Good	Yes	
Nelly Mncube	10310 LESUME STREET EXT 14	0726572387	Good	Yes	N. Mncube.
Z I mchaleke	11244 EXT 14	—	Good	Yes	
Thembi Mbuli	11449 EXT 14	0825931470	Good	Yes	E. i. Mbuli
MAMAM MASHANE	10329 LESUMOS	076714116	Good	Yes	
Thato I. Setete	10977 IMPRA ST	0827446936	Good	Yes	
Sibongile Msooseneng	10892 MPOBU ST	0764665412	Good	Yes	
Rose Mashaba	10894 MPOBU ST		Good	Yes	R. M
CAVIN MAKALELA	8198 EXT 9	0726881368	Investment of IDF very important	YES	
LINDA MNTSHENIWA	10721 EXT 14	011 863 1407	Happy	YES	L. mntsheniwa
Jonathan Moko	10564 x 14	0731633918	happy	YES	
Martina Ntshane	11320 x 4	0837552630	happy	Yes	Mtshane
S Zulu	11509 x 14	0825532398	Happy	Yes	
M. Masibuko	10652 ET 14	0722224952	Happy	yes	Masibuko

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JOSEPH Sibanyoni	10589 Makhamana Str Vosloorus EXT 14	0981270262	Happy	YES	She
Victor Maseka	10403 EXT 14 SEEFAME STREET	0721470323	IT GOOD & NICE THING.	YES	Makheza
Brian Makwaka	3116 NDOBE STR. Rustenburg 1475	0834541371	FIXED ON 23/12/05	YES	Phisoa
P. Senecker	10408 x 14 083-402-1457	083-402-157	Happy	Community	P. Senecker
T.R. Zulu	10631	0725266841	Happy	Yes	Sibeko
TD Mathiyane	10579	011 863 1939	Happy	Community	Phisoa
THATO KOSORE	11441 Mkhokho	0721441408	Happy	Community	Phisoa
Margaret Nsibande	10607 Uthupha	011 906-3614	Happy	Community	Phisoa
Susan Moshwana	10336 Lerum	0835255214	Happy	Community	Phisoa
Z. Hlantisitane	11383 EXT 14 11449 EXT 14 863-6231	072269765	Happy	Community	Phisoa
Else Nkosi	11449 EXT 14 863-6231	092 624 1131	HAPPY	Com	Phisoa
Duduzile Jende	11449 EXT 14 863-6231	863-6231	HAPPY	Yes	Dmijencle
Siphile Moko	10379 EXT 14	082 4919953	Yes	Yes	S Moko
JOHN NEANVANE	10289 X 14 UKHUKHUKH STR	073 206 2361	Yes	Community	Phisoa
Syivia Tiala	11135 X 14 UKHUKHUKH STR	0735434012	Very happy	Community	Phisoa
Alice Solomons	11341 I DELANGOZI STR EXT 14	0848303023	Very Good	Letter	A. Solomons
Phisoa	10330 LERUM STR EXT 14	0763168354	Good	Community	Phisoa

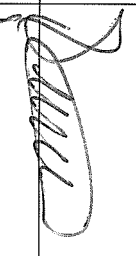


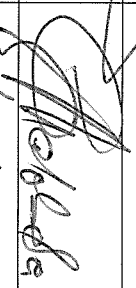



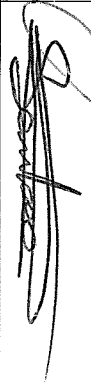









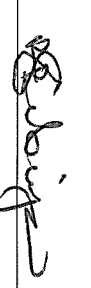





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Kathy Taggart	36 kathy@nss-sa.co.za	011 787-7400	Undertaking Environmental Impact Assessment	EIA Consultant	
BETTY NGURU	10610 UKHUKA EXT 14 VOSLOORUS	083 736 2098	HAPPY	Community	
Shiriso Thubel	11739 TROMPSBURG STR 10452 SEFOFANE STR EXT 14 VOSLOORUS 1475	0826863461 0844702803	Happy Happy	Community Community	 
Summy Masha	11633 MAMAZONA Vosloorus	N/A	HAPPY	Community	
Abey Katoke	11125 EXO MEDINA VOSLOORUS 11548 EXT 14	073-5571-526	Happy	Community	
Victor Modiso	11548 EXT 14 Ekhahlele Vosloorus 10469 EXT 14	072-6740446	Happy	Community	
Elina Mabaso	10438 UMGAKA EXT 14 VOSLOORUS 110950 UKHUKA STR	N/A	HAPPY	Community	
Tsabo Seadina	1111A Vosloorus	111A	Happy	Community	
Im Mbeane	10309 LESUMO Vosloorus	863-7366	HAPPY	Community	
William Jelle	10627 MAKHURA EXT 14 VOSLOORUS	N/A	HAPPY	Community	
STEVEN MAEUMA	10618 mekhura EXT 14	N/A	Happy	Community	
Thapelo Matyake	10618 EXT 14 VOSLOORUS	N/A	Happy	Community	
Thapo Motaung	11145 UKHUKA EXT 14 VOSLOORUS	0835367715	Happy	Community	
Emadine Mofokeng	7166 VOSLOORUS	082-090 8709	Happy	Community	
M.W. Mkhize			HAPPY	Com	



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ANDRIS MNGUNI	MGB EULI STR 11374 EX14	863 8014	Happy	community	
DMITRI ZULU	DELIANGOLISA 11356 EX114 271, Motocara Rec	- 0721055061	Happy	community	
LEKOROSAN MOTLOUNG	Kaffeleng 1431		No	Painting	
E. Molekela	10859 Ukusetha	072 2227 402	Happy	Community	
Themba Most	11389 1st. Mgaqoka Kutshika Street	011 863 6775.	Happy	Com	
Elizabeth Aitha	10824 897/14	073-4213-249	Happy	Community	
Sambo S	11496 Delamagosi St 1485	-	Happy		
Saneesha M	10978-f14	0734464622	Happy		
Pauline	10646	011-8633991			
John	10945		11	community	
Freda	11553 11678 IHANABA STR EX114	863 8518 863-7581 0840163088	Happy	Community	
IPHO NKOSI			Happy	Community	
P Tsholana	10377 EX114	073 8012648	Happy	Yes	
Rebecca Siliga	P.O. Box 1248 Rustenburg 1475	011 894 4457 016 560 4160	Still to be seen	community	
ANNA MANDIMENI	10329 Lerumo S	076141146	as above	"	
Phumiso Mphahlele	10926 S. Tula R14	0846317517	we wish inform word Council, and do presentation before mts	Volunteers - I have experience - former	
Bheki Hlebelo	11345 / Ext 14	0735781090	Happy	community	

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**APPENDIX B**  
**ENVIRONMENTAL MANAGEMENT PLAN**

1 Topography

IMPACT	DEVELOPMENT PHASE	MITIGATORY MEASURES	ACCOUNTABILITY	TIMING
A change in topography due to infrastructure, construction vehicles on site (including cranes), bulk storage of materials and terracing of the land	Design, construction & operation	<ul style="list-style-type: none"> <li>• The terraced areas surrounding the hospital infrastructure will be landscaped.</li> <li>• The berms created for spectator seating will be grassed.</li> </ul>	Design architect and site supervisor	During construction and the upkeep of the areas during the operational phase

2 Geology

IMPACT	DEVELOPMENT PHASE	MITIGATORY MEASURES	ACCOUNTABILITY	TIMING
The risk of sinkhole and doline formation	Design, construction and operational phase	<ul style="list-style-type: none"> <li>Construction of parking bays across the western section of the proposed hospital site, which includes the high risk south-western corner. No additional structures will be constructed on the high risk south-western corner.</li> </ul>	Design Architects	Design and construction Phase
		<ul style="list-style-type: none"> <li>No development is proposed to be undertaken on the south-eastern corner of Erf 10557 and 10558 at the identified gravity low.</li> </ul>	Design Architects	Design and construction Phase
		<ul style="list-style-type: none"> <li>The transported and residual dolerite layers will not be used in the construction of roads nor engineered fill mattresses.</li> </ul>	Bulk earthworks engineers & Site supervisor	Design and construction Phase
		<ul style="list-style-type: none"> <li>Surface and sub-surface drainage will be implemented to limit the uncontrolled flow of water in the surrounding area.</li> </ul>	Bulk earthworks engineers	Design and construction Phase
		<ul style="list-style-type: none"> <li>Pressure tests need to be undertaken on all bulk service supply routes prior to commissioning.</li> </ul>	Bulk earthworks engineers	Construction Phase
		<ul style="list-style-type: none"> <li>EMM need to undertake regular maintenance on the bulk service supply routes.</li> </ul>	Ekurhuleni Metropolitan Municipality	Operational phase

3 Soils

IMPACT	DEVELOPMENT PHASE	MITIGATORY MEASURES	ACCOUNTABILITY	TIMING
Soil erosion and deterioration of soil quality	Construction Phase	<ul style="list-style-type: none"> <li>To minimise erosion, all terraces will be vegetated as soon as the construction is complete.</li> </ul>	Design architects & site supervisor	Construction phase
		<ul style="list-style-type: none"> <li>A concrete lining and bunding will be constructed around the sub-station to prevent the contamination of surrounding soils by oil leakage.</li> </ul>	Design architect & electrical engineer	Design & construction phase
		<ul style="list-style-type: none"> <li>Bulk fuel bunkers will be constructed to store the underground diesel tanks.</li> </ul>	Design architect & bulk services engineer	Design & construction phase
Deterioration of soil quality	Operational Phase	<ul style="list-style-type: none"> <li>Regular inspection and maintenance will be undertaken for both the sub-station and the diesel storage area.</li> </ul>	Site engineer	Operational phase



4 Land Capability and Land Use

IMPACT	DEVELOPMENT PHASE	MITIGATORY MEASURES	ACCOUNTABILITY	TIMING
Loss of grazing land	Construction and operational phase	No mitigation measures proposed		

5 Biodiversity

IMPACT	DEVELOPMENT PHASE	MITIGATORY MEASURES	ACCOUNTABILITY	TIMING
Loss in habitat, increase in alien faunal species, loss in breeding ground for some species	Construction phase	<ul style="list-style-type: none"> <li>Control the spread of alien and invader plant species along perimeter and road verges surrounding the hospital;</li> <li>Undertake training and awareness programmes, with regards to the protection of natural systems and the importance of biodiversity, with all staff and contractors.</li> <li>Construction materials should, wherever possible, be sourced from areas that are free of alien plants in order to avoid the spread of alien species;</li> <li>The use of herbicides and pesticides within the landscaped areas should be limited as far as possible;</li> <li>Landscaping within the boundaries of the site will be with indigenous highveld species.</li> </ul>	Site landscaper	Construction & operation
			Site supervisor	Construction
			Bulk earthworks engineers	Construction
			Site landscaper	Construction & operation
Increase in alien faunal species, increase in urban avifaunal species, possible increase in alien floral species	Operation phase		Site landscaper	Construction & operation

6 Water Resources

IMPACT	DEVELOPMENT PHASE	MITIGATORY MEASURES	ACCOUNTABILITY	TIMING
Impact on surface and groundwater quality	Construction and operation	<ul style="list-style-type: none"> <li>A concrete lining and bunding will be constructed around the sub-station to prevent the contamination of surface and groundwater by oil leakage.</li> <li>Bulk fuel bunkers will be constructed underground to store the diesel tanks, this will prevent the contamination of groundwater by diesel leakage.</li> <li>Regular inspection and maintenance will be undertaken for both the sub-station and the diesel storage area.</li> <li>Wash bays will be provided for the ambulances and taxis. Wash water effluent will be disposed of directly into the sewerage system, via grease traps.</li> <li>The existing stormwater system will be upgraded to accommodate the expected increase in stormwater runoff from Erf 12390. Stormwater management is addressed under Section 4.4 – bulk services.</li> <li>Silt traps will be constructed where the stormwater leaves the site.</li> <li>During the construction of the hospital foundations, the groundwater seepage will need to be pumped out. This will result in a negligible loss of groundwater.</li> </ul>	<p>Electrical and civil engineers</p> <p>Civil and bulk service engineers</p> <p>Site supervisor</p> <p>Design architect and bulk services engineers</p> <p>Bulk services engineers</p> <p>Bulk services engineers</p> <p>Bulk earthworks engineers</p>	<p>Construction phase</p> <p>Construction phase</p> <p>Construction &amp; operational phase</p> <p>Construction phase</p> <p>Construction phase</p> <p>Construction phase</p> <p>Construction phase</p>

7 Air Quality

IMPACT	DEVELOPMENT PHASE	MITIGATORY MEASURES	ACCOUNTABILITY	TIMING
Deterioration in air quality due to dust generation, vehicle emissions and radon gas from the Eskom sub-station	Construction Phase	<ul style="list-style-type: none"> <li>Dust suppression by means of surface wetting</li> <li>Vegetation will be planted once terraces have been sloped both at the hospital site and sports fields</li> <li>The generation of radon gas will need to be taken into consideration when identifying the location for the sub-station</li> </ul>	Site supervisor  Design architect and site supervisor  Electrical engineer	Construction  Construction  Design
	Operational Phase	<ul style="list-style-type: none"> <li>Open areas around the new hospital building will be vegetated.</li> <li>The new sports facilities site, excluding the combination courts, will be grassed.</li> <li>The new sports facilities site will be managed by EMM</li> </ul>	Design architect and site supervisor Design architect and site supervisor  EMM	Construction and maintained during operation

8 Noise

IMPACT	DEVELOPMENT PHASE	MITIGATORY MEASURES	ACCOUNTABILITY	TIMING
Increase in noise levels due to an increase in traffic, construction and operational activities on site	Construction and operation	<ul style="list-style-type: none"> <li>• An unbroken boundary wall or linked facade acting as a noise barrier along the western boundary</li> <li>• Non-sensitive activities in the hospital to be placed on the western boundary</li> <li>• Maintenance of equipment</li> <li>• Where possible material stockpiles should be placed so as to protect the boundaries from noise</li> <li>• Equipment noise audits</li> <li>• Environmental noise monitoring</li> </ul>	Design architect  Design architect  Site supervisor  Bulk earthworks engineer  Site supervisor  Site supervisor	Construction phase  Construction phase  Construction & operation Construction  Construction & operation  Construction & operation

9 Traffic

IMPACT	DEVELOPMENT PHASE	MITIGATORY MEASURES	ACCOUNTABILITY	TIMING
An impact on traffic generation, access to the area, emergency access, local intersections and pedestrians	Construction and operation	<ul style="list-style-type: none"> <li>• Access to the sports facilities from Morena Road</li> <li>• Emergency access off Ukufika Road</li> <li>• Traffic circle to be constructed at the intersection of Sithohimela and Umzukuka Roads</li> <li>• Site drop-off points for pedestrians</li> <li>• Provision of demarcated pedestrian crossings</li> </ul>	Traffic Engineer, bulk services engineer and design architect	Design and construction phase

10 Heritage Resources

IMPACT	DEVELOPMENT PHASE	MITIGATORY MEASURES	ACCOUNTABILITY	TIMING
The destruction or disturbance of cultural and natural heritage resources due to construction activities	Construction Phase	<ul style="list-style-type: none"> <li>An archaeologist be appointed to monitor the construction of the hospital during the groundbreaking phase, to identify any subsurface cultural material in the area. This type of monitoring constitutes a watching brief. In the watching brief, timeframes and agreed upon schedules of actions between the company and the archaeologist must be agreed upon.</li> <li>In the event that an area previously not included in an archaeological or cultural resources survey, is to be disturbed. The South African Heritage Resources Agency (SAHRA) needs to be contacted. An enquiry must be lodged with them into the necessity for a Heritage Impact Assessment. In the event that a heritage assessment is required it is advisable to utilise a qualified heritage practitioner preferably registered with the Cultural Resources Management Section (CRM) of the Association of Southern African Professional Archaeologists (ASAPA).</li> <li>It is advisable that an information section on cultural resources be included in the SHEQ training given to contractors and employees involved in surface earthmoving activities.</li> <li>In the event that a possible find is discovered during construction, all activities must be halted in the area of the discovery and a qualified archaeologist contacted.</li> <li>The archaeologist needs to evaluate the finds on site and make recommendations towards possible mitigation measures.</li> <li>If mitigation is necessary, an application for a rescue permit must</li> </ul>	<p>Archaeologist</p> <p>Site Supervisor</p> <p>Site Supervisor</p> <p>Site Supervisor</p> <p>Archaeologist Archaeologist</p>	During the construction phase of the proposed new Ntalspruit Hospital and the adjacent sports facilities – approximately 3 to 4 years.



IMPACT	DEVELOPMENT PHASE	MITIGATORY MEASURES	ACCOUNTABILITY	TIMING
		<p>be lodged with SAHRA.</p> <ul style="list-style-type: none"> <li>• After mitigation an application must be lodged with SAHRA for a destruction permit. This application must be supported by the mitigation report generated during the rescue excavation. Only after the permit is issued may such a site be destroyed.</li> <li>• In the event that human remains are uncovered or previously unknown graves are discovered a qualified archaeologist needs to be contacted and an evaluation of the finds made.</li> <li>• If the remains are to be exhumed and relocated, the relocation procedures as accepted by SAHRA needs to followed. This includes an extensive social consultation process.</li> </ul>	<p>Archaeologist</p> <p>Archaeologist</p> <p>Archaeologist</p>	

11 Visual

IMPACT	DEVELOPMENT PHASE	MITIGATORY MEASURES	ACCOUNTABILITY	TIMING
Visual impact due to the construction activities and associated infrastructure	Design Phase	<ul style="list-style-type: none"> <li>Reduce structure heights as far as practically possible.</li> </ul>	Design architect	Design phase
Visual impact due to the construction activities and associated infrastructure	Construction phase	<ul style="list-style-type: none"> <li>The construction phase should be kept to the shortest possible time as the site is immediately surrounded by highly sensitive visual receivers.</li> <li>Ensure that a well-organised construction management plan is in place to minimise any delays. A reduction of viewers reduces the visual impact severity, resulting in a lower visual impact;</li> <li>Keep the working area and construction camp neat, clean and organised;</li> <li>Improve or provide visually appealing landscaped areas (gardens) within and along the borders of the proposed hospital (reduce harsh effect of parking area by planting street trees)</li> <li>Ensure that the design and external finishings 'fit in' with surrounding developments. i.e. prevent the construction of a solid glass building;</li> <li>The location of a construction camp should be placed behind dense vegetation, hessian or a dark green shade cloth screen in order to fully or partially hide the</li> </ul>	Site supervisors  Site supervisors  Site supervisors  Design architect and site landscaper  Design architects  Site supervisors	Construction phase  Construction phase  Construction phase  Construction phase & maintained during operation  Design phase  Construction phase

IMPACT	DEVELOPMENT PHASE	MITIGATORY MEASURES	ACCOUNTABILITY	TIMING
		<p>components.</p> <ul style="list-style-type: none"> <li>Rehabilitate all areas of disturbance created outside the footprint of the hospital.</li> </ul>	Site supervisor	Construction phase

12 Socio-economic

IMPACT	DEVELOPMENT PHASE	MITIGATORY MEASURES	ACCOUNTABILITY	TIMING
A positive and negative impact on the socio-economics of the area, due to job creation, an influx of people, an upgrading of services etc	Construction and Operation	<ul style="list-style-type: none"> <li>• A Community Liaison Officer will be appointed to liase between the community and the project team</li> <li>• A percentage of jobs during the construction phase will be allocated to the local community</li> <li>• Services within the area will be upgraded, for example bulk services, access roads etc</li> </ul>	Project Managers  Project Managers  Bulk engineers, engineers, architects, engineers      Services electrical design traffic	Construction Phase  Construction Phase  Construction Phase

